DOCUMENT RESUME

ED 222 266 PS 013 123

TITLE	Managing Military Child Care Centers.
INSTITUTION	Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs (DOD), Washington, D.C.
SPONS AGENCY	Department of Health and Human Services, Washington, D.C.
REPORT NO	DoD-6060.1-M-14
PUB DATE	Apr 82
NOTE	152p.; For related documents, see PS 013 111-125 and PS 013 155-157.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (Stock No. 008-000-00378-5, $6.00).
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	*Administrator Role; Admission Criteria; *Day Care Centers; Early Childhood Education; Educational Facilities Design; Food Service; Guidelines; Health; Learning Modules; Legal Responsibility; *Management Development; Nutrition; Safety; *Staff Development; *Teaching Methods
IDENTIFIERS	*Military Day Care

ABSTRACT

Based on research as well as on the down-to-earth experiences which come from running a large military child care center, this director's manual provides guidelines for running an effective program. The guidebook, one in a series on the subject of military child care centers, presents advice on the following seven topics: becoming a center director, understanding the legal aspects of child care, staffing for quality child care centers, planning for staff development and evaluation for effective facility and equipment management, developing admission policies and procedures, assuring the health and safety of children in care, and managing the center's food service and nutrition program. A list of inexpensive resources which can be used to supplement the information presented is included at the end of each topic. (MP)

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Managing Military Child Care Centers

PS013123

April 1982

ASSISTANT SECRETARY OF DEFENSE
MANPOWER, RESERVE AFFAIRS, AND LOGISTICS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301

MANPOWER,
RESERVE AFFAIRS
AND LOGISTICS
(Military Personnel and Force Management)

01 APR 1982

FOREWORD

This series of manuals for Child Care Givers on DoD Installations is issued under the authority of DoD Instruction 6060.1, "Training Manuals for Child Care Givers on DoD Installations," January 19, 1981. Its purpose is to provide child care givers with training materials that include the latest techniques and procedures for the safe care and guiding development of children entrusted to their care.

This series of manuals, DoD 6060.1-M-1 through DoD 6060.1-M-17, was developed under the auspices of the Department of Health and Human Services by the Department of Army, in cooperation with the Navy, Air Force, and Marine Corps.

The provisions of this series of manuals apply to the Office of the Secretary of Defense, the Military Departments, and the Defense Agencies (hereafter referred to as DoD Components) whose heads shall ensure that the manuals are distributed or otherwise made available to all child care givers on DoD installations and that these materials are used in regional and inter-Service workshops, seminars, and training sessions.

This series of manuals is effective immediately.

Send recommended changes to the manuals through channels to:

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R. Dean Tice
Lieutenant General, USA
Deputy Assistant Secretary

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ACKNOWLEDGMENTS

The Military Child Care Project has appreciated the cooperation and assistance in the development of this module of Shirley Brown, Adjutant General's Center, Department of the Army; Gary T. Moore, Children's Environments Project, University of Wisconsin-Milwaukee for review of the section, *Planning For Effective Facility And Equipment Management*; Office of the General Counsel of the Office of the Secretary of Defense for review of the section, *Understanding The Legal Aspects Of Child Care*; Captain Sarah Parker Smith, Chief, Community Nutrition, Madigan Army Medical Center for review of the section, *Managing A Center's Food Service And Nutrition Program*; and, the many anonymous reviewers representing all branches of the Department of Defense.

It is three o'clock in the morning and the phone rings. You sit up in bed and fumble for the receiver, "hello." A tired voice replies, "This is Mary from the center. We still have a brother and sister here whose parents haven't picked them up. We closed at one o'clock, since it's Saturday. What should we do?"

As you are getting dressed, you keep asking yourself how you ever had the fortune - or misfortune - to be the personnel committee's first choice for Center Director.

"Well," you think, as you drain the coffee from the staff coffee pot and watch the MP's carry two sleepy bundles from the center, "when the interviewers said 'flexibility' was important in this position, they weren't kidding!"

In this section of the Administrative Guidebook, the management aspects of running a child care center are explored. The ideas and information included are based on research as well as on the down-to-earth experiences which come from running a large military child care center. We hope that this creates an awareness of the many facets of center management and is useful as a starting place for military child care center directors. At the end of each topic we have included a list of inexpensive resources which can be used to supplement the area, depending upon the additional needs and interests of the director. Several important aspects of center management - financial planning, parent and volunteer involvement, resource utilization and program development - have an entire section of this Guidebook devoted to them, and are not included here.

UNDERSTANDING THE JOB

Being a director of a child care center is not an easy job. You are the *one* person who is responsible for *everything* that happens in the center. You have not one role to play, but many, and quite frankly the position may seem impossible at times.

As the director, you must display a unique set of abilities and traits necessary to pull a program together and hold it together. You are the person who must see that the day-to-day operation runs smoothly; that the program for children assures that they receive the best possible care; and, that the staff are selected and supervised, know their responsibilities and are trained to perform them well. You must oversee the business and financial aspects of the center; the building, equipment and supplies; the food service program; and the health and safety of the children. In addition, you must have more than a cursory knowledge of accounting, recordkeeping, legal matters and public relations. In short, you must work effectively to keep everyone happy - your installation, your "boss," your staff, the parents and the children. Quite a job!

The key to being successful in this position is to balance effectively the roles of child care center provider *and* business manager. Unfortunately, very few child care center directors have practical experience or training that adequately prepares them for both tasks. But, it is only through *both* aspects that quality services for children can be developed. Operating a child care center is not simply running the program for children within the center, but it also is running a business. When the two roles work in harmony the director's job can be rewarding and fulfilling.

As child care programs grow, it is more critical than ever that the director, who is the heart of a well-organized structure, has good management skills and knowledge that lead to high quality child care.

The director of a child care center is essentially a manager - a manager of the "people" as well as the "business" of a center. In order to manage effectively you need to become familiar with many responsibilties. Those of you reading this who have experience as a center director will find no surprises here. Those of you who are new to the position may find many surprises - some welcome and some maybe not-so-welcome.

The various tasks involved in managing a child care center fall into several categories. Although the following list is by no means exhaustive, it does highlight the major roles of a center director.[1]

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[1] This list was adapted from P. Axelrod and E. Buch, *Preschool And Day Care Administration*, Ann Arbor, Michigan, School of Education, The University of Michigan, 1974, pp. A-5, A-6.

Financial Manager - developing annual and long-range plans and budgets including:

Accounts, financial management records
Fee-structure setting
Equipment and supplies purchasing
Payroll information gathering
Capital renovation or new construction planning

Building And Grounds Supervisor - maintaining a healthy, safe environment according to regulations including:

Sanitation and custodial care
Preventive maintenance and repairs

Record-Keeper - gathering and maintaining necessary information that pertains to center administration including:

Records on children: enrollment, attendance, food program participation, health, emergency consent form, developmental data
Personnel records: application forms, health, payroll information, leave time, evaluations
Building and equipment records: inventories, warranties, bills, maintenance schedules
Financial records

Policy And Decision Maker - establishing an overall set of procedures under which your center operates including:

Relating to other installation agencies, advisory committee
Making daily decisions
Developing policies
Deciding on program changes

Public Relations Expert - informing the installation about your center and involving the members of the community in various center programs including:

Knowing about installation and community resources
Promoting children's causes and center's status within the installation community
Acting as community consultant on children's needs
Recruiting children
Welcoming visitors, conducting tours

Evaluator - determining how well your center is meeting its stated goals or objectives including:

Analyzing and evaluating total program
Planning program changes and expansion
Evaluating the physical space relative to the program

Evaluating staff
Evaluating children's progress and program
Evaluating own performance

Personnel Director - managing everything involved with the growth and development of the center staff including:

Recruiting and selecting staff
Planning training for staff
Acting as consultant to staff
Planning program with staff
Conducting staff meetings
Supervising and evaluating staff
Orienting new staff
Arranging substitutes
Solving conflicts between staff members
Preparing staff handbook

Parent Involvement Facilitator - furthering active parent/center relationship including:

Organizing programs for parent involvement
Orienting parents, interpreting program to parents
Being available to parents with problems
Referring parents to installation resources
Conducting business: collect fees, follow through on center requirements of parents
Acting as parent educator
Handling parents' complaints

Health, Safety, And Nutrition Monitor - planning and implementing supportive services to facilitate the center's basic purpose - caring for children, including:

Establishing preventive health and safety program
Arranging emergency health care program
Inspecting regularly and correcting unsafe conditions
Arranging and monitoring children's nutrition and food service program

Program Expert - being everything to everybody! including:

Determining philosophy for center
Understanding and relating to children
Scheduling and coordinating program
Handling and advising staff on discipline issues
Keeping informed of legal responsibilities
Working with Facility Engineer and Installation Planning Board to ensure developmental appropriateness of facility

At this point, you very well may be asking yourself how any one person could be expected to perform all these tasks. We're not sure that anyone has all the answers to that question, but we do know that there are no simple

formulas for directing or managing a child care center. And, we also know that there are many successful centers in this country which provide evidence that - somehow - it can be done. An inspiring example of what leaders dedicated to the well-being of children can accomplish, and how they did it, is presented in a recent book, *The New Extended Family - Day Care That Works*, by Ellen Galinsky and William H. Hooks. It is a fascinating description of 14 of the best child care programs in America and the leaders who steered these programs successfully into new and promising territory.

Humor and energy. The director of a child care center holds the key to the success or failure of a child care center. A successful director is a very special kind of person - warm, dynamic, persevering, patient, committed, and unflappable. In addition to possessing some of these attitudes and attributes necessary for management, and the skills and knowledge to manage effectively, maybe what is needed most of all is a good sense of humor and a lot of physical and emotional stamina. These certainly are needed to cope with the never-ending crises, the long center hours, the many interruptions, and the last-minute notification of deadlines.

Even though classified as a 40-hour per week position, it is rarely that. Many directors put in 60-hour weeks and consequently "burn out" after a few years of such long hours. As a result, the continuity and development of a center program can be threatened by the turnover of directors.

USING YOUR TIME EFFECTIVELY

Time is your most precious resource. The demands on your time may seem endless, given the crisis-management way in which most child care centers must operate. Although there is no way to stretch the number of minutes in an hour or hours in a day, there are some ideas for better managing your time which can help restore a sense of balance in your life.

A technique we have used and found helpful in regaining control of time is an approach developed by a management consultant to aid business executives. In his book, *Getting Things Done: The ABC's Of Time Management*, the author, Edwin C. Bliss, recommends taking a look at your actions on the job and classifying them in one of five categories:

Important and Urgent

Important and Not Urgent

Urgent but Not Important

Busy Work

Wasted Time

Let's take a look at each of these categories.

Important and Urgent. These are actions you literally have no choice about. Emergencies like a child's accident requiring a physician's attention, or deadlines imposed upon you by others such as an order from your superior, are the kinds of situations that require action and are not really problems in time management for most of us.

Important but Not Urgent. These are situations you know you must do something about "one of these days" but you can put off. And you often do just that - forever. Rewriting the employee handbook, revising the health information form or doing a little reading to keep up with what's new in child care all are projects of importance, but there is no pressure to accomplish them - except pressure from yourself. It is no wonder that this category of *Important But Not Urgent* actions is where ineffective time managers are separated from effective ones.

Urgent but Not Important. A lot of your time can be taken up by other people asking you to do things. These things are urgent because someone is asking you for an answer right now about whether you'll go to a meeting, speak to an organization or write an article. Many of them are not important because if you took time to consider them in light of everything that is important to you, you wouldn't undertake them. But, almost without thinking, you agree and once you've done that, the task has a deadline and now it has become *Important and Urgent.* The solution to avoiding this trap is not to give snap answers to such requests. Before committing yourself, take the time to consider each request in the light of what is important to *you.*

Busy Work. We all know what that is: routine activities that we feel comfortable doing and which we use as an excuse for not tackling the higher priority things that really should be done. You sit down to do something you've been meaning to do for a long time. Then you notice a few papers on your desk that need to be filed, so you take them to the file cabinet. Then, since you are filing, you decide to re-file a stack of papers laying on top of the file cabinet. Pretty soon, you've finished the routine task, but your time is gone and you haven't even begun what you originally set out to do. What's worse is that you rationalize what you've done by telling yourself that "maintaining files is important, too." Once more, you've let *Busy Work* delay action on the *Important but Not Urgent* tasks.

Wasted Time. Like beauty, wasted time is in the eye of the beholder. What is wasted time to one person, is very important to someone else. Surprisingly, perhaps, your problems with managing time probably don't lie here. Rather they lie with letting *Urgent but Not Important* things and *Busy Work* get in the way of and postpone things that are *Important but Not Urgent.*

What can you do to help stay on the track and control the use of your time? Well, there are two simple devices which we have found work well.

Keep A Time Log

Keeping a time log is something that you will do only temporarily until you understand exactly what you are doing with your time. Take a minute or two every hour or so to make a note of what you have done during that time. After a few days review it and you probably will be amazed at what you find. Look at the number of times each day you have been in each area of the center, the trips you have made to shop for items, the number of phone calls you have received or made and the amount of time you have spent talking with parents, visitors, staff, volunteers and what you talked about. Then analyze these patterns carefully. For example, have you been making two trips when planning would have saved you one? Have you discussed the same general information with a number of staff members individually? Could making this an agenda item at a staff meeting have saved some time? How many times did you go back and forth through the center for something? Could someone else have helped you with some of those things? If you find that you are not spending enough time on things that are important to you, you will want to find ways to change that.

Set Priorities And Keep Daily Lists

Make two lists every day - one showing your appointments and other activities specifically scheduled, the other listing all of the things you'd *like* to accomplish that day. On the second list rank the items you want to get done by their importance in meeting your real objectives for the center. Try not to include just urgent matters, but put down some of your long-range projects and *Important but Not Urgent* activities, too.

Look back at your first list of already scheduled activities and set aside blocks of time between those scheduled activities for the high priority items not on list two. Be flexible, but avoid procrastination. Put things you did not accomplish yesterday on today's list. If after a few days you can find certain tasks getting transferred from day to day, evaluate them again and either make them a priority or eliminate them. If you make up your lists at the end of each day, you'll begin the next day with a purpose.

Test Yourself

Answer the following questions and you will have an idea of how effectively you manage your time as a center director![2]

	Yes	No
Do you know what the most productive time of day is for you, so you can work on the most important tasks during that time?	___	___

---

[2]E. C. Bliss, *Getting Things Done: The ABC's Of Time Management* (New York: Charles Scribner's Sons, Publisher, 1976); R. Neugebauer, "Managing Time, Your Most Precious Resource," *Child Care Information Exchange #6* (Feb., 1979), pp. 1-6.

	Yes	No
Do you concentrate on objectives instead of procedures?	___	___
Do you judge your accomplishment by results or just amount of activity?	___	___
Do you set priorities according to urgency or importance?	___	___
Do you force yourself to make minor decisions quickly?	___	___
Do you always set deadlines for yourself?	___	___
Do you force yourself to take time to make future plans?	___	___
Do you continually strive to establish habits of effective time management?	___	___
When debating whether to save something, do you follow the maxim "When in doubt, throw it out"?	___	___
Do you live in the present, not worrying about past mistakes or future problems?	___	___
Are you really in control of your time, determining your own actions rather than letting circumstances or other people decide what you will do?	___	___
Do you feel pressured to work nonstop during the day and to devote many evenings and weekends to your work?	___	___
Do you constantly fret because you never have enough time to do all your work?	___	___
Do you feel guilty about unfinished work when you are "relaxing"?	___	___

PAYING ATTENTION TO THE CENTER'S PUBLIC IMAGE

The director is a key person in implementing a successful public relations program with the local community.

Image is a commonly used word which refers to the way the community "feels" about a center. The image of your center is what people believe to be true about it and how well those beliefs conform to what they think it *should* be like. Images of your center are formed by knowledge or *lack* of knowledge of specific features of your program. You should be aware of how the public learns about your center. The image which people have may be accurate or quite different from actual conditions. What people think of your program, personnel, management or cost may mean the difference between success or failure.

A center's image is a complex affair and does not change or stay bright by itself. Maintaining or improving a center's image can be handled in the same way as you deal with other management problems. Review your image regularly just as you review your financial statements. Locate possible trouble spots and correct them before they get out of hand.

Do not under estimate the potential power of center staff and parents. Many of your staff members and your parents are active citizens in the community. These people have a great interest in the center and have obvious influences in the community. However, many staff members do not realize their own interpreting power - nor the power of parents - in that community. An effective director cannot ignore the impact that staff and parents can have and will strive to strengthen these relationships which influence the center's image.

It is recognized that you may not want or need to put publicity or public relations at the top of your "priorities list," but an awareness of the many opportunities that are available can be important for the center's development.

With approval from your installation command section, you can help to create a good center image and make your center better known by participating in civilian community activities and by inviting the civilian community into the center.

Periodically, and certainly before inviting visitors to your center, you should walk about your center and the grounds and try to think how it would look through the glasses of a parent, a child, a visitor or a fire inspector. Try to think how they might see the center. What do you see? Appearance, which relays information about the center, is an important element in the center's image.

Listen to the manner in which telephones are answered. Is the person answering the phone pleasant, courteous, tactful and knowledgeable? The telephone is a most important instrument in public relations and in creating an impression of your center to the caller.

The objectives of this section have been to create an awareness of your role as center director and enable you to think carefully about the time you spend in that role. These, coupled with the information presented in this module, should help you blend effectively the "people" and "business" aspects of managing a child care center and so improve the quality of care provided.

READING MORE ABOUT IT

The following suggested readings are those which we have used ourselves and which we have found to be the most useful on this topic. If you want to include other resources on your bookshelf, these would be good additions:

Axelrod, P., & Buch, E. *Preschool and child care administration.* Ann Arbor, Michigan: School of Education, The University of Michigan, 1974.

Click, P. *Administration of schools for young children.* New York: Delmar Publishers, 1975.

Galinsky, E., & Hooks, W. *The new extended family: Day care that works.* Boston: Houghton Mifflin Company, 1977.

Levine, J. Letters to a day care director. *Day Care And Early Education,* 1974, 1(3), 5-10.

Neugebauer, R. Managing time, your most precious resource. *Child Care Information Exchange #6,* February, 1979, 1-6.

Schabacker, J. *Strengthening small business management.* Washington, DC: Small Business Administration, 1971.

Sciarra, D., & Dorsey, A. *Developing and administering a child care center.* Boston, Massachusetts: Houghton Mifflin Company, 1979.

Stevens, J., & King, E. *Administering early childhood education programs.* Boston: Little, Brown and Company, 1976.

UNDERSTANDING THE LEGAL ASPECTS OF CHILD CARE

Running a business and accepting responsibility for the care of young children both entail legal responsibilities. The two major areas of legal responsibility of a child care center are those surrounding the employer/employee relationship and the general area of protecting the health and safety of children in care.

Military center directors are fortunate, in many respects, since personnel policies, health and safety inspections and liability insurance are provided to centers operating as instrumentalities of the United States government. However, there still are many areas of legal responsibility which must be addressed in center policies and procedures.

The following section addresses some of the legal issues involved in operating a child care center on a military installation. This is not a complete list, but it covers some major areas. And keep in mind as you read this section that it always is easier to identify potential problems than to propose solutions. It is only possible to find solutions when all the facts and circumstances surrounding a *particular* situation are looked at closely. There is only one recommendation that we can make with certainty here and that is that it is extremely important for you to seek a consultation with an attorney on your installation regarding any legal questions you may have.

FOLLOWING ARMED FORCES REGULATIONS FOR CHILD CARE FACILITIES

In the civilian sector, each state enforces what are called "licensing regulations" for child care centers. These regulations set *minimum* standards for the safe operation of a facility which provides group care for children. They cover such things as health and safety inspections, minimum allowable floor space per child and maximum allowable number of children per adult supervisor. Because military child care centers are operated on federal installations, they are not bound by state licensing regulations. Rather, each branch of the Armed Forces has or is developing such standards in the form of regulations which insure *minimum* standards for the protection of groups of children receiving care outside their homes.

The regulations governing the military child care centers vary from one branch of the Armed Forces to another, so it is difficult to make any kind of summary remarks that would be useful throughout the Department of Defense. It really is not necessary for us to say more than *get a copy of the regulations of your branch of service, read them and adhere to them.* But we also want to touch on the legal considerations inherent in the operation of a child care center to alert you to these considerations and to encourage you to think about them.

A child care center provides a service which has been determined to be subject to official regulation; therefore, many aspects of center operation are affected or controlled by legal regulations, including fire safety, health, financial management, sanitation, transportation and center employment. In order to avoid potential difficulties, it is important for child care center directors to recognize the aspects of their programs which are affected by service regulations. The list of difficulties or things which might - and often do - go wrong is nearly endless and includes everything from a child falling from a slide to an employee pilfering food from the kitchen or money from the cash register.

ASSUMING RESPONSIBILITY FOR CHILDREN

When children are signed into your center, you and your staff assume a big responsibility. You are accepting someone else's "pride and joy" and in essence, guaranteeing that the child will be returned safe and sound. This is no small task and should not be taken lightly. Regardless of the type of child care program you offer, your first responsibility must be to the health and safety of the children. And, many legal issues surface regarding these matters. To avoid problems, *make certain* a lawyer and the medical or safety authority - if appropriate - have approved all policies which have been established in your center for potentially hazardous situations, such as:

reporting children's injuries to parents

seeking emergency medical care for children

releasing children to someone other than the parents or guardians

transporting children

refusing to admit a child, for whatever reason

violating health and safety regulations at the center

Don't take any risks when dealing with the health and safety of children! Although directors generally prefer not to think about the many things that could occur in a child care center, it's always better to be able to think through such concerns or ask questions of an expert before you are under pressure to do so. To provide the *very best* for young children, think of the *very worst* that could happen to those receiving care in your center and take action *now* to alleviate the situation.

Reporting Injuries To Parents

Every center's health policies should include a list of procedures to be followed in cases of accidents or sudden illnesses until the child can be picked up from the center. This is extremely important since the center will be held legally responsible for any injury *if negligence can be proved.* An accident or illness report should be completed and signed by the caregiver in charge and the center director whenever an incident occurs at the center - bites, falls, scratches, vomiting, fever - all should be reported however "minor" they may seem. These reports should then be discussed with the parent or guardian, signed by them and filed at the center.

When such an accident reporting system is instituted, caregivers may be reluctant to sign the report, feeling that there could be potential personal liability resulting from their actions and written acknowledgment of those actions. In fact, the likelihood of a caregiver being held personally liable in a center which is an instrumentality of the U.S. Government is nearly nonexistent. Instrumentalities of the U.S. Government are covered by tort liability insurance which insures the center, in this case, if a civil claim should be filed. Staff members of the center are protected from personal liability suits when they have acted to the best of their knowledge as center employees.

Parent Authorization For Emergency Medical Care

Legally a center must have the authorization of a parent or guardian in order for a medical staff to provide emergency medical care to a sick or injured child. Therefore, you should have an emergency medical consent form for each child in the center. Even if parents have let you know their whereabouts, it is frequently impossible to get in touch with them in an emergency, e.g., they may be in transit or have changed their plans. The emergency consent form is essentially a power of attorney which enables center staff to obtain emergency medical care when required for a child if the parents are not available.

Releasing Children From The Center

A common problem confronting directors of child care centers involves the legal custody of children. Think about your response to the following situation.

> *When Susan Smith checks her daughter, Tammy, into the center, she announces: "Fred (the child's father) and I are separated and I have legal custody of Tammy. He is an unfit father and only upsets Tammy. If he should call to find out if she's here, tell him 'No' - and if he should come to pick her up, don't let him have her."*

According to one lawyer specializing in center liability,[1] three things should be remembered in thinking about your response to situations such as this.

> Your child care center is not a court of law and you are not a judge. *So*, you cannot determine which parent has legal custody of a child.
>
> Your child care center is not an agency designated to enforce the law and you are not a police officer. *So*, it is not your business to enforce a court custody order or any other type of court order.
>
> Your child care center is not in business as a counseling agency and you are the director - not the counselor - of the center. *So*, providing advice to parents regarding difficult and sensitive subjects such as this is not your purpose.

What this simply means is that you cannot ignore the legalities of a custody situation. As is true of many difficulties facing the director of a child care center, there are both practical and legal issues involved, but, before making any decisions, think about the legal implications of your actions.

Transporting Children

There are other types of liability concerns that must be considered if your center ever transports children in any motor vehicle - whether privately-owned vehicles, center-owned vehicles or military vehicles. In our center, children are *never* transported in motor vehicles owned by any staff member, including the director. Virtually any alternative to this is a wiser solution - ambulance for medical treatment, military police for other emergencies or even taxis if there is no other choice. Transportating children

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[1] W. Aikman, "Child Care and the Law: Custody Problems," *Child Care Information Exchange No. 1* (Spring, 1978), p. 8.

involves a high degree of potential risk and liability so *be sure you know the regulations and abide by them.* If you have any questions regarding this "risky" situation, consult your legal office.

Another potential risk to your program also involves transportation. If you permit - or even request or require - center staff to use their own vehicles for center-related duties, such as to obtain films from a local library, attend a meeting in another location or shop at the commissary, some liability might be involved.

In typical child care centers, it is not uncommon for one parent to pick up a child from another family and transport the child home. Most likely, this is accomplished with advance notice, perhaps in writing, from the parent of the child. And, the center usually complies with the parent's request with no difficulty. *But,* consider the following situation.

> *When Mrs. Jones brings her child, Johnny, to the center in the morning, she informs you in writing that her friend, Mrs. Smith, will be picking Johnny up in the afternoon to take him home. Mrs. Smith does indeed pick Johnny up, and en route home there is a tragic accident. All occupants of the car are killed.*

Is the center, in any way, liable? Is a hand-written note legally sufficient to release a child to another party? If you have any doubts about the legality of this situation, and particularly if your center is among those who do release children to other parents, with or without written consent, seek the advice of an attorney.

Refusing To Admit A Child For Whatever Reason

To preclude any lawsuits or unpleasant situations, the operating procedures of your child care center should specify clearly who is eligible to use the center and the admission requirements. If written concisely and approved by the legal authority on your installation, most problems can be avoided.

However, it has been our experience that unique situations occasionally arise which perhaps have not been defined clearly. For example:

> *What would you do if military parents seek to place their child in your center, but the child has not received any of the recommended immunizations because of the family's religious or philosophical beliefs? Can you refuse to admit the child?*
>
> *Do you have the right to refuse further child care to a family who has not paid for previous care?*
>
> *Can you, the director, legally refuse to admit a child who appears to be sick?...who is dirty?...who speaks no English?...who has no shoes on?*
>
> *Do you have the legal right to refuse to accept a handicapped child in your center if your staff has had no specialized training?*

If your response to all of the above questions was, "Yes, I can refuse to admit that child," we strongly suggest that you confer with a legal officer. In some of the above situations, you perhaps could refuse to accept the child for care; some others are questionable. In *every* special case, it is wise to seek a legal interpretation.

For instance, look at the last situation above which deals with the handicapped child. As a result of the passage of the Rehabilitation Act of 1973, Section 504, Title V as implemented in CFR Title 45-A-84 published in the Federal Register on May 4, 1977, *it is illegal to deny admission to any child solely by reason of his or her handicap in any child care center or preschool program receiving federal financial assistance.* This includes, of course, most child care centers on military installations if they are housed in a federal facility or receive other money or services paid for from federal dollars. This law extends to children with all types of handicaps the same civil rights as other Americans are guaranteed by the U.S. Constitution. You are not excused from caring for children because the staff lacks specialized training; the facility is not properly designed; the equipment is not suitable for handicapped children; or, the adult/child ratio is not ideal for a handicapped child. If you refuse to admit a handicapped child, you may be running the risk of a lawsuit by the parents.

Violating Health Or Safety Regulations

Certain requirements are imposed on the physical environment of child care centers to protect children from fire, from unsafe conditions and from unsanitary buildings. The regulations which address these issues are based on public safety and public health laws.

Advice and guidance pertaining to building and sanitation regulations can be obtained from the fire department, the safety office and the health and environment section on your installation. In addition to being able to provide you with valuable information, representatives from these organizations usually enforce the regulations through frequent inspections of your center.

Inspections by competent, trained, concerned "outsiders" are vital and necessary for the protection of the children in your center. The inspectors often have clearer vision than you and may observe a potentially dangerous situation which you may not see because you are so close - emotionally and physically - to the center. Although inspections may seem bothersome and confusing at times, be grateful that there are others on the installation who share your concern for the well-being of the children in your care. When the lives of children are involved, it is reassuring to know that you have support. (See *Installation Resources Available To Military Child Care Programs* section of this Guidebook).

Avoiding Legal Liability For Negligence

You should be aware that the center will be held responsible for any injury *if negligence can be proved.* Areas of negligence include but are not limited to the following:[2]

Improper or insufficient supervision, especially if it is less than the adult-to-child ratio prescribed by regulation

Defective equipment

Defective building

Inadequate protective fencing

Unsafe ground conditions

Unsafe floor conditions

Allowing a child to remain in the center if his lack of self-control makes him dangerous to himself or others

Employing a staff member or utilizing the regular services of a volunteer who does not have a health clearance from a physician. (This applies to student teachers, parent assistants, substitutes and trainees, as well as regular staff)

Failure to administer first aid when necessary

Failure to notify parents, guardians or a physician when a child is seriously injured

Failure to have a plan for evacuating the building in case of fire

Failure to notify staff members of a child's physical, emotional or health problems that warrant special consideration, such as allergies, epilepsy, hearing or visual problems, recent illness or family problems

Misrepresentation in obtaining fire, health, sanitation, building, safety and other permits that are required by military regulations

Failure to provide adequate refrigeration for food as necessary

Unsanitary conditions, especially in regard to toilets, washbasins and food serving facilities

Failure to vent gas heaters or to screen open fireplaces or free-standing heaters

Failure to keep panic hardware in good repair on doors that lead to the street

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[2]Adapted from C. Cherry, B. Harkness, and K. Kuzma, *Nursery School And Day Care Center Management Guide* (California: Fearon-Pitman Publishers, Inc., 1978), p. 258.

REPORTING CHILD ABUSE AND NEGLECT

Child abuse and neglect are ugly words which most of us would rather not think about. However, we must think about them because they are a grim reality for many young children. Neither a parent *or any other person* may willfully injure a child. It is unlawful. Like it or not, the staff of a child care center is in a better position than most to observe and help a young child who might be undergoing abuse or neglect at home. And, observing means reporting.

Congress passed the *Child Abuse And Neglect Prevention And Treatment Act* in 1974. Since that time, all 50 states as well as the military communities have developed laws pertaining to the reporting of child abuse. These laws vary from state to state and from one branch of service to another, but the laws are specific in what they require. *Check the regulation pertaining to your branch of the Armed Forces.* Generally, you will find that a director of a child care center is required to report suspected abuse of children to the appropriate agency and that the law also provides immunity from lawsuits to professionals who report suspected cases in good faith. In practical terms, it is important to understand that legally you have no choice about reporting suspected abuse - you are required to do so. Failure to report suspected cases could result in legal charges being brought against you. Another noteworthy aspect of these laws is that today the trend is to provide support and social services to the family rather than prosecution and punishment. The goal is the protection of the child and help for the family, not removing the child from the parents and putting the parents in jail.

Be aware, too, that parents are not the only child abusers. Caregivers who do not properly feed children or change diapers are just as guilty of neglecting a child as the parents who do not properly feed or diaper their own child. In any event the center which does its part in reporting such instances will be helping a great deal in the battle to prevent child abuse and neglect.

Reporting child abuse and neglect is difficult, but it must be done. Ignoring the symptoms of child abuse does not make them go away. Pretending that it is none of your business doesn't help either. Your business is caring for children, and caring sometimes means taking risks to insure the welfare of those children and help for their parents.

RESPECTING THE CONFIDENTIALITY OF RECORDS

There are laws governing the confidentiality as well as the disclosure of records, not only of the parents and children receiving child care services, but also personnel records of the staff.

The Federal Privacy Act of 1974 covers points such as who has access to records, for what purposes and under what circumstances. This act was designed to require federal agencies to keep their records on individuals in

a systematic fashion, to prevent the circulation of these records to unauthorized individuals or agencies, and to permit individuals to find out what information about them is on file within particular agencies.

"Common sense" probably alerts any director to the possible liability involved in giving free access of children's records to anyone who requests them, for example, to a new children's photographic studio who requests a list of names for advertising purposes. But, have you considered the finer points of this confidentiality requirement?

What would your initial reponse be to the following rather common kinds of telephone inquiries?

> *"Hello. This is XYZ Finance Company calling to verify employment for Sam Benson. How long has he been an employee in your child care center and what are his hourly wages?"*
>
> *"Hello. This is Ray Garrett, Louise's father, calling. I just got home from work and my wife and Louise aren't here. I know that my wife was to have picked Louise up from the center earlier. Has she picked her up yet? Did she indicate that they were going somewhere else after leaving the center?"*
>
> *"Hello. This is Betty Bell calling. I'm a friend of Cathy Collins who works at your center. She gave me her home telephone number, but I've misplaced it and I desperately need to get in touch with her. Can you give me her number?"*

Your initial response to the above inquiries may be to provide the requested information, but if you do so, you may be violating the confidentiality of the records maintained in your center. Be cautious and alert. Although you simply may be trying to be helpful, remember that your intended helpfulness could indeed be harmful.

For example, consider the third situation above. You have no way of being certain that the person calling is who she claims to be nor do you have any way of knowing that she really is a friend of Cathy Collins, your employee. Cathy may even have an unpublished number. If so, she does not want it revealed. If indeed Betty is a "long-lost friend," she probably will be understanding of your responsibility to protect her friend's rights. However, if you still feel a need to be helpful and if you have the time to become involved, the legal solution to this situation would be to inform Betty that you will contact Cathy and give her a message.

Always keep in mind that your first responsibility is to maintain the security of privileged information. We have found that the best method of handling inquiries about employees is to refer the person to the Civilian Personnel Office for answers. If you have any questions about maintaining privacy of other records, it is recommended that you contact an authority on your installation regarding the items of personal information that you normally may release without an unwarranted invasion of personal privacy or violating the Privacy Act.

On the other hand, the Federal Freedom of Information Act *provides access* to records by individuals or agencies if the access is not restricted by other statutes. Under the provisions of this act, parents would be permitted to have access to any records which you maintain on their children. Similarly, your employees are entitled to review any of their own personnel records or files stored in the child care center or the Civilian Personnel Office.

It is imperative that you familiarize yourself and your staff with the specific privacy and disclosure requirements that may apply to your center, e.g., disclosure under child abuse or freedom of information statutes, or privacy procedures under the Privacy Act. When you find out what statutes apply to your center, you must shape your information and other procedures in accordance with the law. Failure to adhere to these requirements could subject the child care center to damage claims by individuals who believe their right to privacy or disclosure was violated.

ENFORCING SERVICEMEMBER'S RESPONSIBILITY FOR CHILDREN

One category of law concerns the responsibility of parents, in general, or the military sponsors of dependent children, in particular, for the acts of their children on a military installation. Military members *are responsible* for willful and destructive acts of their children. They may be held financially liable for damage to property or liable for injury to another person. Although it is unlikely that you will be involved in a situation requiring enforcement of this requirement, it may occur. The one instance in which it was useful to us involved "requiring" a trouble family to seek professional counseling services. A daughter in this family, who received regular care in our child care center, frequently displayed anti-social and destructive behavior. Numerous efforts by the center staff failed to convince the family of the need for any assistance. When the child eventually lost all control - in our opinion - the parents were reminded that they *were responsible* for this child's actions. And, because her actions and behaviors were harmful to not only herself but to other children, the only choice remaining to us was to suspend the child from the center until the family sought professional help. The family was told that the child would be readmitted to the center only upon the recommendation of a counselor.

The point is that this family *would not* seek assistance until reminded that they were *responsible and liable* for their child's actions. When we emphasized the liability involved, the family did seek help, reluctantly. Today, the girl is a delightful, well-adjusted child, the family is happier and the parents constantly express their gratitude to us.

FOLLOWING FAIR EMPLOYMENT PRACTICES

Conditions of employment and rights of workers are governed by military regulations which provide uniform personnel policies and procedures. These regulations include sections dealing with salary and wages, hours of employment, leave policies, performance evaluations and benefits. It is not our intent to repeat regulations in this section, but rather to inform the new directors that such regulations exist - *a copy should be in the center director's files* - and to present some of the more common situations surrounding employees which tend to occur in child care settings and which have legal implications.

Assuring Equal Opportunity In Employee Selection

The employment interview and selection process is known to be the point at which most discrimination occurs in hiring. Three major pieces of Federal law are designed to provide all persons an equal opportunity for employment. The Civil Rights Act of 1964, Title VII, is the major law designed to eliminate discrimination on the basis of race, religion, color, sex or national origin. The Age Discrimination in Employment Act adds the same protection to applicants age 40 to 70, while the Rehabilitation Act of 1973 extends this equal opportunity in hiring provisions to the handicapped.

It is for reasons of assuring equal opportunity in employment that conducting interviews in a legal manner is very important. When interviewing candidates for a staff position, there are some questions which definitely are illegal to ask. One of the most useful pieces of information on this subject that we've seen was from a 1977 workshop conducted by the North Carolina State Personnel Office Training Center.[3] It is quoted on the following page.

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[3]Reproduced by the North Carolina State Training and Technical Assistance Office for Head Start, June, 1978. North Carolina Leadership Development Program, Greensboro, North Carolina.

SUBJECT	SHOULD NOT ASK	MAY ASK
NAME	Whether person has worked under a different name. Questions which divulge marital status, ancestry.	Current legal name
MARITAL STATUS	Whether person is married, single, separated, divorced, engaged.	NOTHING
FAMILY	About family planning, family size, children's ages, child care plans, spouse's employment or salary.	Freedom to travel if job requires, meeting work schedule requirements. All applicants for a position must be asked the same questions.
AGE	Questions showing preference for specific age group.	Are you under 18 or over 65.
NATIONAL ORIGIN	About ancestry, birth place of applicant, parents, or spouse.	Ability to speak, read or write English or a foreign language if the job requires.
CITIZENSHIP	Whether a U.S. citizen.	Whether visa or immigration status prevents person from lawful employment.
EDUCATION	About education that is not related to job performance.	Training and experience related to job requirements.
ARRESTS	About arrests because a person is not judged guilty by an arrest.	NOTHING
CONVICTIONS	About convictions unless the information bears on job performance.	About convictions, if all candidates are asked, and if the information has bearing on job performance of the specific position.
CREDIT RATINGS OR GARNISHMENTS	About credit ratings since it usually has little or no relation to job performance.	NOTHING, unless job related.
ORGANIZATIONS	About all organizations the person belongs to; organizations which indicate race, color, creed, sex, marital status, religion or national origin.	About professional organizations.
RELIGION	About religion.	Anticipated absences from the job.
HEIGHT & WEIGHT	Unless related to job requirements.	About ability to perform the job requirements.
PREGNANCY	About medical history concerning pregnancy and related health matters.	Anticipated duration on the job. Anticipated absences from the job (same question must be asked of males and females).
HANDICAPS	General questions that bring out information that is not job related.	Whether a person has sensory, mental, or physical handicap that relate to ability to perform job.

Making Employment-Related Decisions In Daily Operations

During the normal operation of a child care center a variety of situations arise which require the director to make a decision which may or may not violate employment laws. It is important to recognize the potential legal question inherent in decisions of this sort. Consider the following situations.

You have scheduled an outstanding speaker to conduct a workshop for parents. It will be held on a Wednesday evening and will focus on "Discipline." You have requested that center staff voluntarily *attend. As the director, are you permitted to make a request of this nature?*

You arrive at the center at 8:00 a.m. on the day after Christmas to discover that only ten children are receiving care. Normal average attendance at this time of day is 40 children. Four of the center staff already have started to work and within a short time other scheduled employees are to arrive for work. You realize that the center will be drastically overstaffed - resulting in disaster to your budget. Can you call the caregivers who have not yet arrived for work to inform them that attendance is low and they will not be needed on that day?

The center staff is given a 30-minute break for meals. They are not paid for mealtime and often leave the center. You have observed that when they do leave to shop or do other errands, they frequently take longer than the 30 minutes allowed. This practice is creating many problems in the center. Can you, in what you consider to be in the best interest of the center and in fairness to other staff, prohibit staff from leaving the center?

You are interviewing applicants for a staff position in the center. You know that most of your best employees in the past have been parents; therefore, you would like to make certain that the applicants have children. Are you legally permitted to ask them if they do?

A parent - whom you know to be insecure but also influential in the community - comes to you and insists on speaking privately to you. During your meeting with her, she complains vehemently about the two caregivers who were caring for her son when she arrived to pick him up. Questioned further, she reveals that the caregivers were speaking a language other than English to each other, giggling and glancing at her while they changed her son's diaper. She believes that the caregivers were making fun of her or her child and is very upset. To prevent this from happening again, you establish a center policy which states that caregivers may speak only English in their "normal" day-to-day routines. Is this lawful?

During a probationary period, a caregiver has been given an unsatisfactory evaluation. The caregiver has been notified that he will be dismissed. He now has one week to continue working prior to the effective date of this action. This caregiver now is actively telling parents how horrible the center is. As a result, can you terminate him immediately without pay?

Without considering the many "fine points" of employment laws, *all of the above situations generally are considered unlawful.* If you have any doubt about these or other situations relating to employment, it is imperative that you *seek advice.*

Employing Minors

Another area relating to legal issues involves the employment of minors. If the recruitment of new employees and the applications for employment in your center are handled by a personnel office, you need not be concerned with some of these issues such as work permits or the age at which minors legally are permitted to work. This screening will be done for you. However, if your center does employ young people during the summer, on weekends or after school, there are aspects of child labor laws which may be your responsibility. These may include, but are not limited to, the following.

There may be restrictions upon the number of hours minors may be able to work each day or week.

There may be restrictions upon scheduling minors to work late in the evening or an all-night shift.

There may be restrictions upon the kinds of occupations or tasks that a minor can perform.

There may be restrictions on providing for the safety and welfare of minors.

Under the regulations of your installation, do you know the answers to the following questions pertaining to the employment of minors?

Your center is open from 6:00 a.m. until midnight daily. Can you employ an 18 year old, who has completed school, to work as a cleaning person between the hours of midnight and 6:00 a.m.?

Your center operates until 1:00 a.m. on Friday and Saturday evenings. One of your caregivers is 17 years old. Can the caregiver work as late as 1:00 a.m.?

A caregiver in the center is a high school senior who assists with the school-age group after school from Monday through Friday. She would like to work about five hours each day. With the number of children receiving care in your center from 3:00 p.m. until 8:00 p.m. you know you could use her talents. But, is it legal?

Are there any differences between lunch/rest period requirements for minors and those for adults?

Because of the variations in laws and policies, we cannot provide answers for you, but if we caused you to think about these issues our purpose has been served.

And, if you are in doubt about answers to any of these questions, it is recommended that you contact your installation personnel office, legal office and regulations for information.

ASSURING ADEQUATE CENTER LIABILITY INSUFANCE

Insurance generally is of little or no concern to you. Because you and your staff are government employees, operate in a federally-owned building and abide by federal regulations, your insurance needs are provided at no cost to your program.

Insurance that usually is available and/or provided to you, your employees and the center includes:

workmen's compensation

unemployment compensation

fire and theft insurance

health, life and retirement

fidelity bonds

tort claims

One of the most important types of insurances for any child care program and for any director is liability insurance.[4] Liability insurance is what protects your center from the results of accidents which occur in your center. In legal terms, liability insurance is what protects the center or

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[4]The information that follows on insurance and contracts is adapted from W. Aikman, *Day Care Legal Handbook: Legal Aspects Of Organizing And Operating Day Care Programs* (Urbana, Illinois: ERIC/ECE, 1977), pp. 67-75.

you from financial loss when someone has been injured or property damaged as a result of "negligence." William F. Aikman, at attorney, has said "as a general rule you can assume that virtually any kind of accident which occurs on your premises is quite likely to be considered to have occurred as a result of negligence, if the injured party should press the issue." He further advises that child care centers "are subject to the legal rules applicable to businesses, and in our legal system, there is almost a presumption of negligence regarding accidents which occur on business premises or as a result of business operations."

For your own peace of mind, consult a legal officer to obtain a clear understanding of the insurance provisions offered to you and your center - and be particularly cautious and questioning about liability insurance. With increasing frequency, lawsuits for injury to children are being brought against child care staff. Those who work with young children consequently are finding themselves in legal difficulty, with very little understanding of their legal responsibilities.

It seems clear that the saying, "an ounce of prevention is worth a pound of cure," is appropriate here. Obviously, you will try to prevent accidents by providing proper supervision of the children, by attempting to foresee hazardous situations and by taking necessary precautions to avoid accidents. But since preventive measures sometimes fail, you also should prevent and spare yourself the burden of heavy damage payments as a result of a lawsuit by investing in personal liability insurance - if you find it necessary after consulting with an attorney on your installation who can fully explain any potential liability of your position to you.

UNDERSTANDING CONTRACTS

As a military child care center director, you are required to abide by the military regulations which address contracts. For many child care centers, these are troublesome concerns; for you, the director of a military center, they are clearly defined. Even so, contracts often are confusing issues for child care center directors. In essence, they are *legally enforceable agreements*. They are, essentially, promises which can be enforced legally and which you have an obligation to fulfill. If you don't fulfill them, you are subject to possible penalties.

There are three main elements of a contract:

the offer - your intent to a seller to purchase something for a specific price;

the acceptance - the seller's indication that you will be supplied with something at the specific price;

the consideration - a fancy legal word for value or price of something.

Three misconceptions about contracts are common and result in some people entering into valid contracts without even knowing they have done so.

One belief is that a contract is a *written, signed document.* This is not true. *Oral contracts* are legal and enforceable.

The second error is that some special formalities are required to enter into a contract. This is not true. There are *no particular formalities* required.

The third frequently held belief is that a contract exists only if an exchange of money is involved. This is not true. *An exchange of money is not necessarily a consideration* in a contract. However, something of value must be exchanged for a binding contract to exist.

Consider the following situation, one which is common in child care centers.

James Brown, an artistic person, is the father of a child who receives care in your center daily. He approaches you and offers to paint children's murals on the walls of the child care center in exchange for a month's cost-free care for his child in the center.

If you agree, you have entered into a contract which is legally binding. In exchange for Mr. Brown's artistic abilities, you will provide child care for his child. The three main elements of a contract have been met, but note that no money, official-looking documents or particular formalities were involved.

As a director of a child care center, it is important that you have some familiarity with the nature of contracts and the military regulations governing contracts in order to be able to run your center responsibly.

ASKING FOR CLARIFICATION WHEN IN DOUBT

One last thought. Like many professions, the law is surrounded by a mystique of fancy legal jargon and technicalities. Don't be threatened! Don't be afraid to ask the military lawyer or legal officer questions. Ask for an explanation if you don't understand something that the attorney is saying or doing. And, until you do understand, keep asking. If you don't understand the technical language being used, ask the lawyer to use simple, non-legal language. You can be sure the lawyer would ask you questions if your roles were reversed and you were explaining theories of child development to the lawyer using the jargon of your profession.

Although some dire possibilities have been explored in this section, being the director of a military child care center is really not a legally hazardous occupation. This is true mainly because there is a network of

resources on your installation available to advise and assist you. A key element to avoiding problems is to be aware of how they might arise. Prepared with that awareness, you can protect yourself against most difficulties merely by carefully thinking through your plans and their implications and by taking advance actions. If this section helps to bridge that legal gap by developing that awareness and outlining some of those actions, our purpose will have been fulfilled.

READING MORE ABOUT IT

The following suggested readings are those which we have used ourselves and which we have found to be the most useful on this topic. If you want to include other resources on your bookshelf, these would be good additions.

Aikman, W. Child care and the law: Custody problems. *Child Care Information Exchange #1*, Spring 1978, 8.

Aikman, W. *Day care legal handbook: Legal aspects of organizing and operating day care programs*. Urbana, Illinois: ERIC/ECE, 1977.

Click, P. *Administration of schools for young children*. New York: Delmar Publishers, 1975.

Day care personnel management. Atlanta, Georgia: Southern Regional Education Board, 1979.

Morgan, G. [Regulations of early childhood programs.] In D. N. McFadden (Ed.), *Early childhood development programs and services: Planning for action*. Washington, DC: National Association for the Education of Young Children, 1972.

Rose, C. M. *Some emerging issues in legal liability of children's agencies*. New York: Child Welfare League of America, Inc., 1978.

The easiest way to attract and keep good staff is to assure them a challenging and rewarding job with potential for advancement, pay them well and offer them attractive working hours. Unfortunately, the realities of child care usually include such intangible rewards as being hugged in the morning and helping children learn to button their coats. The job usually brings with it low pay, little opportunity to move up, and long or unusual working hours. It takes extraordinary people to be satisfied with these conditions for years. As a result, in child care centers staff turnover tends to be high and job performance may drop off after a time.

Therefore, one of the most important priorities in center management - and one which is vital to program quality - is the establishment of a staff recruitment, development, management and evaluation system which can keep the quality of the center high without requiring extraordinary caregivers with an ability to be self-sacrificing. In short, a center needs a staffing system which can absorb staff turnover and continue to operate a quality program.

RECRUITING STAFF

A lot has been said and written about what qualifications are necessary to staff the various roles in a child care center. Recommendations seem to agree on the desirable personality traits of an adult who works with young children all day, but they vary a lot with respect to the amount and kind of education or experience considered necessary. Some of this variation reflects the fact that a lot of things contribute to the quality of a center including, in particular, the size of the group of children cared for in one room, and the number of children assigned to each caregiver. In addition, such things as the kind and amount of administrative support available to the staff when needed, general staff morale and opportunities for on-the-job training and staff development affect the amount of specific knowledge or experience which is needed for each center position.

Staffing For Diversity

One important consideration in the recruitment of staff for the group care of children is the variety of experiences and world views the child will get through contact with the adults in the center. An important way of broadening children's experience is by making it possible for them to get to know a staff that is not all of the same age, sex, race and culture.

Although it requires a lot of energy to work long hours with young children, this does not imply that only young people have that energy. It certainly is possible to find people of various ages who are able to work in a center as a caregiver or in other positions such as administrative assistant, cook, housekeeper or receptionist. In particular, in the military setting where many children are prevented by geographic mobility from having experience with grandparents, aunts, uncles and cousins, some of the benefits of these lost relationships can be replaced through exposure to people of different ages working at the center.

Another obvious lack in the lives of many children today throughout society is experiences with men. Although child care has not been an occupational choice of men in the past, this is changing. A day care center located near a college usually can work out an arrangement for men students to become part-time workers at least.

In a military community there is another very rich source of variety to add to the center through including staff from the different racial and cultural backgrounds represented in the community. The military life-style of integrated housing, neighborhoods and work places is, in many ways, an advanced social setting which is steps ahead of many civilian communities. We have seen in our own center that children, families and staff members benefit from exposure to others of different racial, cultural and socio-economic backgrounds. Although child rearing philosophies may vary greatly among people from different backgrounds, it is important for us all to be aware that there is no one way to raise a child and that adults of the future will need to understand this diversity. In a setting where differences are respected, children develop their own sense-of-self by identification of similarities and an awareness of differences. We have found that the best

way to teach about human diversity is by including people that represent that diversity in everyday life.

Thinking about job requirements. The first step toward recruiting and selecting staff is to determine the requirements of a position. A well written job description will provide this information. From the requirements, simply list all the qualifications or qualities needed to perform these tasks. For example, if you are hiring a cook, does the applicant need to

be able to plan meals as well as prepare them?

have an understanding of nutritional needs of children?

do any heavy lifting?

have knowledge of commercial cooking equipment?

possess the qualities of a competent caregiver or teacher (warmth, ability to communicate, nurturing)?

shop for food or purchase equipment?

enjoy being around children?

ever work with children?

be responsible for any money?

Developing Job Descriptions

Every employee should be provided with an accurate job description. A job description is a written summary of the important facts about a particular position. It tells (1) the duties, (2) the responsibilities and (3) the requirements of a particular job. Depending on the work to be done and the size of your child care center, job descriptions can be simple or involved.

It is important to realize that the success or failure of your center is determined largely by how well your employees do their work and how well that work relates to other positions in the center. If the duties and responsibilities of each position are not identified clearly, poor employee performance could result - perhaps the employee actually does not know what *is* to be done.

A job description provides the significant facts about a position. These facts give the director and the employee a general understanding of:

what the employee does

how it is to be done

why the employee does it

Keep in mind that a job description includes only the basic requirements of a position - to provide an understanding of what is expected of an employee. It is *not* designed as an evaluation tool to determine how well an employee performs the duties. However, it can serve as a basis for designing a tool to evaluate staff performance.

A well written job description also can be used as a guide in selecting the best applicant when you have a vacant position in your center.

Although the Civilian Personnel Office usually is responsible for publishing civilian job descriptions on a military installation, it is your responsibility as the director of the child care center to provide them with enough information to publish an accurate description for each job. The more thorough the information you provide, the better the published job description will be.

Some excellent examples of job descriptions, as well as many other administrative tools for organizing and operating child care centers, can be found in the handbook, *Day Care: 7 Administration*, published by the United States Department of Health, Education and Welfare, ACYF, Washington, DC, 1971.

Advertising The Position

In most communities today an announcement of a child care position in local newspapers produces an avalanche of applicants. But our experience indicates that number of applications is not related to the quality of the applicants. We have found that the best qualified applicants tend to be those who

use other staff members or parents and friends of the center as references

submit an application voluntarily based on the center's reputation on the installation

have attended classes at a school or college with a strong early childhood emphasis

are members of the local early childhood professional organizations

The Civilian Personnel Office also is responsible for officially publishing lists of vacancy announcements for positions on an installation. These are distributed widely and include child care positions. Since many of our best applicants in the past have known existing staff members, we make certain that our caregivers are aware of vacancies. Posting vacancy announcements as soon as they are distributed by the Civilian Personnel Office in the staff lounge and on parents' bulletin boards as well as announcing these vacancies in staff/parent meetings are methods that seem to work well for us. We also recommend that announcements be sent by Civilian Personnel Office to local early childhood professional organizations, colleges or vocational schools which offer programs in relevant fields

or other child care centers in the area. At times, it may be necessary for the Civilian Personnel Office to advertise in local newspapers.

Screening Applicants For Interviews

Those of us functioning as center directors in the military system are more fortunate than our civilian counterparts in some respects. The Civilian Personnel Office provides application forms to applicants, accepts applications and initially screens all applications. The screening process is based on such things as experience, references and academic background. Those applicants who are considered "best qualified" are referred to us for the selection process. Without their assistance, the hiring process could involve hours of work - writing vacancy announcements, submitting newspaper ads, giving instructions for completing application forms, accepting applications, responding to many telephone calls, assessing applications and checking references. Child care directors working in civilian centers often complain that their overall program suffers each time they must go through the hiring process because so much time is involved. On the other hand, those who have attempted to take short-cuts in this process realize the error in doing so. An unsatisfactory employee hired as a result may in the final analysis be more disruptive to a program and consume more of the director's time and energy than any initial thorough hiring process.

DESIGNING A STAFF SELECTION PROCESS

Conducting An Interview

Conducting a personal interview with each of those applicants referred to you is essential to select the one who fits your needs best. *The personal interview is the most important step in the selection process.* The Civilian Personnel Office will contact the best qualified applicants and schedule interview appointments according to your instructions. You also will be provided with a written schedule of time and dates for interviewing in addition to the application forms of each candidate.

As a rule, we have found that interviewing at least five applicants for a position likely will yield at least one person to fill the position. If fewer than five are interviewed, it is tempting to hire someone who is not particularly impressive simply because you do not want to waste time waiting for additional interviews to be scheduled. Remember that although not all persons who look promising in an interview will work effectively in your center, you can be nearly certain that those who are not impressive will not work well.

Selecting caregivers to work under your direction probably is your most important task. A child care center is only as good as its staff, and you, as the director, are the key to the selection of caregivers which ultimately is a key to the success of your center. When you have a congenial, enthusiastic, well-trained staff, all else seems to go well and the problems that do arise are solved easily. But, unhappy, ill-suited caregivers create tensions within the total center operation that can destroy a program.

As the director, you are solely responsible for interviewing and choosing caregivers whose personalities and talents can be combined successfully. In actual practice, we have found that there often is more insight and objectivity if the interview is conducted by more than one person, with the director making the final decision. In addition to the director, interviewers in our center have included advisors to the child care center, the director's supervisor, parents and key staff members. We believe that two - or at most three - interviewers can conduct a joint interview successfully if careful planning has been done before the interview. Any more interviewers seem to overwhelm the candidate and be less productive. Or, the interviewers can meet the candidate separately - one right after the other - which does not produce as much anxiety for the candidate and may result in additional information being obtained. In this case, careful planning also must be done to fully assess the candidates' qualifications.

A thorough interview which provides an opportunity for both the director and the candidate to share information will last from 45 to 60 minutes. It is important to conduct the interview in a comfortable, relaxed atmosphere free from interruptions. Choose a room arrangement that allows easy discussion among all those present. Above all, avoid the courtroom-type atmosphere of a trial. The candidate should not have to face a row of interviewers or an interviewer seated coldly and very officially behind a desk.

The successful interviewer *listens* and *observes* more than he or she *talks*. But to set the candidate at ease and to start the interview process, the interviewer should summarize the particulars of the position to be filled. We then have found it appropriate to ask the candidate to briefly describe previous training and/or experience that he or she has had that is relevant to the position. Although this information also can be found on the application form, it is surprising what a candidate will relate to you verbally compared to what is written. In addition, this question is an easy, non-threatening one for the candidate to answer and starts the communication ball rolling. After that, questions which probe deeper into the candidate's personality and functioning ability are necessary and appropriate. Depending on the job applied for, the questions may vary, but it is helpful in making a final selection if all candidates for a position are asked the same questions. We've had success with hypothetical-situation questions such as,

What would you do if...

a child bites another child?

a parent complains because her child gets dirty?

you disagree with another caregiver's method of disciplining a child?

a child kicks you?

There is a wealth of such situations in the Military Child Care Project's Staff Development Series which would be appropriate for the interview setting. Other questions which can be helpful in making the final selection include:

How do you feel about parents using child care for their children?

How is your health?

How would you describe your disposition?

Why do you believe that you would be good in this position?

Obviously questions such as these do not have only one correct answer. As a result, they might make the candidates feel somewhat uncomfortable, yet they also can be valuable in providing the candidates with a glimpse of the real facts of life about a job in a child care center before accepting it. You can help put the candidate at ease about answering questions by praising responses that are sincere, frank and complete. Nodding your head occasionally and maintaining eye contact also acknowledge the applicant's response. It probably is best not to disagree with the candidate during the interview, although clarifying center policies i permissible.

At the end of the interview, time should be allowed for the applicant to ask questions. Then the applicant should be told when the final selection will be announced and how he or she will be notified.

Observing The Applicant In The Center

Following the interview it is wise to take the candidate into the center. By doing this you are able to briefly observe the candidate's interactions with children and other staff.

Taking Notes On Your Thoughts

Because much of what is said in an interview is forgotten quickly, it is critical to record relevant information as soon as possible. Although taking detailed notes during an interview is not generally recommended, we find that occasionally jotting down a word or two is not offensive. Then, following the interview allow yourself 10 to 15 minutes before the next interview to write more detailed comments and impressions about the candidate. This also allows you time to review the application of the next candidate to be interviewed. An interview data form is a convenient method of recording and recalling information about each candidate. The one-page form we use allows space for recording the following information:

Position to be filled
Name of applicant
General appearance
Attitude
Strengths of applicant
Weaknesses of applicant
General impressions of applicant
Interviewer signature(s)
Date

If a candidate is hired, this form is placed in his or her personnel file. The interview data forms of those qualified candidates interviewed but not hired are kept together in a separate file folder for future references or referrals.

Making A Careful Choice

When all the candidates have been interviewed and information recorded, deciding whom to hire is the final step of the selection process. It often is a difficult step. Occasionally one candidate clearly will stand out above the rest, but most of the time it requires a careful evaluation of each candidate's background as well as responses and images projected in the interview.

Think carefully about and discuss each candidate's strengths and weaknesses. It is important to select someone who genuinely cares about children, who is willing to learn and who can work well in your center. In our opinion, personality - not past training or experience - is the key factor in selection. Keep in mind that it is possible to provide training in the routine aspects of child care, but it is very difficult - if not impossible - to change a candidate's personality or basic view of children. And, remember also, that in the final analysis the selection of one candidate over another always involves speculation. It is for this reason that all full- and part-time employees serve a probationary period.

DEVELOPING WRITTEN PERSONNEL POLICIES

If your center operates as a non-appropriated fund activity on a military installation, it probably is governed by a service-wide regulation dealing with personnel policies and procedures. As a result, the "official" staff records and policies regarding hiring and firing, scheduling, wages and benefits are under the auspices of the Civilian Personnel Office.

Our experience indicates that often the service regulation is too complicated for many center employees, does not contain all relevant information peculiar to center operations and is not available for distribution to all employees. In addition, because the center employees work in the child care center, they expect you - the director - to provide answers to their questions. Most staff members go to Civilian Personnel only twice - once to apply for a position and again when they terminate employment.

As the center director, it is your responsibility to have in your possession the service regulation governing personnel policies on your installation and to act as an intermediary between center staff and the Civilian Personnel Office. In order to function effectively in this personnel management role, it is necessary to establish an unofficial personnel system within your center. If your center operates as a private association on an installation, the personnel system which you design most likely will become the "official" personnel policies and procedures.

Making Necessary Policy Decisions

In setting up a child care center, the advisors and/or center director must make some specific decisions about personnel management that could rightly be called policy decisions. If the director does not set policies on important matters affecting personnel, but rather, lets each situation be handled differently as it arises, the center staff will never know where they stand and will be unable to make important decisions about their work performance. Therefore, for a common understanding between staff and administration, it is important that policy decisions affecting personnel be set down *in writing* as a guide for everyone.

No employee should have to guess about the working conditions and no director should be unsure of what is demanded of employees. The written policies of a center should be in the hands of every staff member and center advisor for the development of good staff relations. Written personnel policies will not guarantee that employment problems will not occur, but they can prevent misunderstandings and potential conflicts.

Many directors believe that writing personnel policies is a waste of time because change is occurring constantly. It has been our experience that some items do change, but many will stay the same. It is fairly easy to retype a few pages to meet changing conditions if, in the long run, time and effort will be saved by having the policies clearly stated in writing. In developing policies, it is more important that the policies be clear and fair than elaborate.

Preparing An Employee Handbook

Our written personnel policies are included in an Employee Handbook which is given to each new employee. When a new employee is given a copy of the written policies, you don't have to waste time discussing all of the details of employment; instead you can use that valuable time to get to know the new staff member.

The following is an overview of the sections which have been useful to us for inclusion in the Employee Handbook. As you will notice, the handbook combines what could be called center policies with some other useful information about the center which should be available to center employees.

STATEMENT OF PURPOSE

Why does your center exist?
What are the goals of the center?
Why did you write the personnel policies?
Is there any general historical information about the center which would be of interest to staff?

ORGANIZATIONAL CHART

This chart may be a very simple line drawing illustrating all positions in the operation of the center and how they relate to each other - the "chain of command," in military terms. Don't forget to include any other organizations on the installation that may be responsible for any administrative function within the center - personnel, financial, advisory, operational or regulatory.

JOB DESCRIPTIONS

Because each employee should be provided with a separate *detailed* job description, this segment of the personnel policies should provide more general information about all positions. What are the general qualifications and duties of each position? What are the responsibilities of all staff members?

DETAILS OF EMPLOYMENT

Definition of employees

- full time/part time/intermittent
- probationary period
- seniority
- work schedule
- "break" time

Compensation

- time and method of payment
- compensation for meetings
- deductions
- wage scales
- overtime payment

Benefits

- Leave time
  - sick leave
  - annual leave
  - holidays with pay
  - leave without pay
  - procedures for taking leave
- Insurance
  - FICA
  - medical/health insurance
  - retirement program
  - workers' compensation
  - unemployment compensation

Hiring practices

- Health and medical requirements or exams

affirmative action policy
promotion policy

Evaluation of performance
Termination/resignation policies
Rights of staff/grievance procedures
Confidentiality of records

STAFF TRAINING OPPORTUNITIES

Pre-service requirements
Inservice training
Professional responsibilities/conference and workshop attendance
Cooperative arrangements with educational institutions

SPECIFIC CENTER POLICIES

Enrollment policies
Health and safety matters
Program policies
Classroom/physical environment procedures
Behavior management policies
Purchasing policies
Emergency procedures
Guests/volunteers/students procedures

KEEPING PERSONNEL RECORDS

Good personnel records are vital to the successful management of any center, but the larger the staff, the more important these records become. Maintaining accurate and timely records will save you time that can be spent on improving staff relations. Setting up a system of maintaining staff records simply means keeping a file folder on each employee. The files, which naturally must be confidential and kept under lock and key, can be set up initially in less than a day. Then when new employees are hired, a new folder is added to the file, and when employees resign or are terminated, their file folders are moved to an "inactive" file.

The records kept in each file folder should include all the information that you acquire about each of your employees. Items which we have found useful to keep include the following:

Application form. The application for employment - including name, address, social security number, emergency contact, education and relevant experience - is the beginning of an individual's staff records. Any attachments to the application form - references, credentials, transcripts - also should be kept in the file. If the Civilian Personnel Office must retain the original application for employment, it is advisable to obtain a copy or at the very least, take notes from the original application for center records.

In addition, a written record of the personal interview of the applicant is useful to keep. The interview data form described earlier provides this information.

Health forms. Reports on the employee's health status should be kept in the file folder. Initially this would include the physical examination and food handler's card required for hiring. Physicians' reports after illness, yearly examination reports, reports of on-the-job injuries, and any other records of the employee's health would be filed in the folder. Persons who should be contacted in case of an emergency, including the name of the employee's physician, should be on file.

Employment record. This can be a simple one-page form which includes the position, starting date, wage, change in employment status, dates and type of leave granted, professional development during employment, termination date, and reason for leaving. The job description also should be included or attached to this record.

Evaluations and conferences. Records of all evaluations of an employee's performance, including evaluations of probationary employees should be kept in the file folder. Evaluation records over a period of time will provide a complete record of job performance and also may point to areas in which staff members could be helped through additional training.

A few factual statements covering the purpose and outcome of any private conference with a staff member should be included in the personnel folder.

Other pertinent information. Items in this category might be correspondence relating to the employee, letters of commendation, special awards or achievements, requests for references after an employee has left the center, or letters of recommendations written for the employee. Payroll information usually is not kept in the personnel folders, but it is treated as part of the financial records. (See *Financial Planning For Military Child Care Centers*).

READING MORE ABOUT IT

The following suggested readings are those which we have used ourselves and which we have found to be the most useful on this topic. If you want to include other resources on your bookshelf, these would be good additions:

Bruce, M. *Human relations in small business.* Washington, DC: Small Business Administration, 1969.

Cherry, C., Harkness, B., & Kuzma, K. *Nursery school and day care center management guide.* California: Fearon-Pitman Publishers, Inc., 1978.

Click, P. *Administration of schools for young children.* New York: Delmar Publishers, 1975.

Day care personnel management. Atlanta, Georgia: Southern Regional Education Board, 1979.

Herbert-Jackson, O'Brien, M., Porterfield, J., & Risley, T. *The infant center: A complete guide to organizing and managing infant day care.* Baltimore, Maryland: University Park Press, 1977.

Hewes, D., & Hartman, B. *Early childhood education: A workbook for administrators.* California: R & E Associates, 1974.

Host, S., & Heller, P. (Eds.) *Administration.* Day Care Bulletin No. 7 (OCD 73-20), Office of Child Development, 1971. DHEW PUBLICATION No. 73-20. Washington, DC.

Matts, R. *How to write a job description.* Washington, DC: Small Business Administration, 1965.

Mitchell, G. L., & Chmela, H. *I am! I can!* Connecticut: Greylock Publishers, 1977.

Neugebauer, R. Staff selection: Choosing the one from the many. *Child Care Information Exchange #2,* Summer 1978, 3-11.

PLANNING FOR STAFF DEVELOPMENT AND EVALUATION

The largest single investment you will make in your child care center, and the most crucial one in terms of what happens to children and their families, is your staff. Improving staff skills and their ability to function as a team through staff development makes a very real difference in the quality of care you provide.

Most often training is thought of as a method for teaching some specific pieces of knowledge to those who have had little or no background in child care. It is important to recognize that training should not be limited only to those who have little educational preparation. It should be viewed as a continuous, on-going process for all staff at the center. Staff development opportunities - learning opportunities - are provided not only in special training programs, but in the day-to-day working of a center, through supervision on-the-job and through continuously examining the effectiveness of all parts of the program. The format and content for staff development programs will vary from center to center, depending on the needs of the group and the scope and resources of the center and surrounding community.

UNDERSTANDING THE DEVELOPMENT OF CAREGIVERS

As in teaching young children, so too in planning a staff development program, it is necessary to understand the developmental needs of the caregivers who are learning to work with groups of children. Lillian Katz, an early childhood educator, suggests that teachers or caregivers go through four developmental stages, and that each stage makes certain types of training or developmental experiences most useful to them.[1]

Survival - Stage One

The new caregiver in a room of young children usually feels a bit insecure and is occupied with day-to-day survival and learning the routines of the center. In addition, new caregivers can be rather self-conscious about their image in the eyes of the more experienced staff.

During this period the caregiver probably can benefit most from things that will help him/her understand the center and from on-site support and advice. Providing each new caregiver with a "model" - someone in the center who can encourage, reassure, guide and provide insights into the children's behavior - probably is the most effective way to assure a good beginning. Orientation or pre-service training in center goals and policies, how the daily schedule is arranged and specific room procedures can make a new caregiver feel more at-home during this "survival" period.

Consolidation - Stage Two

After several months, the new caregiver begins to gain confidence that she/he will, in fact, survive! Then comes the period of "consolidation" when attention tends to turn to broader problems than the day-to-day management of routines and activities. During this time, caregivers frequently become interested in increasing their "bag-of-tricks" - finding new ideas and new ways to do things. At this stage, they also will want to know how to handle individual "problem" children well and to more effectively manage the atmosphere for the group.

At this stage, it is important, still, to have the experienced "model" available on-site to answer questions and help plan strategies. Further, it is important that caregivers have the opportunity to exchange ideas and feelings with other caregivers at the same level of experience. Group meetings, team building sessions and open discussions among staff are important at this time.

Renewal - Stage Three

After several years of working in group care with children of about the same age, the caregiver or teacher may become bored doing the usual things

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[1] L. G. Katz, "Developmental Stages of Preschool Teachers," *Elementary School Journal*, Vol. 23, No. 1 (1972), pp. 50-54.

over and over. Some stimulation and new challenges are needed to maintain enthusiasm at this point.

It has been found that attending local, regional or national conferences and workshops is stimulating and rewarding at this stage of development. Membership in a professional association of people with similar interests also seems meaningful. At this stage caregivers tend to do some self-examination and are aware of their strengths and weaknesses. The individual at this stage should be encouraged to build on special interests and talents, perhaps in creative dramatics with children, teaching music to children or science activities.

Maturity - Stage Four

The mature caregiver or teacher views him/herself as a committed professional who understands the need for continual professional growth and the acquisition of new ideas and skills that will improve the learning settings for young children. The mature caregiver has evolved a personal philosophy of education or developmental learning and is aware of the real importance of early learning.

At this stage, the caregiver usually serves well as a "model" for others with less experience. The contributions to the learning setting of the mature caregiver are innumerable. If the mature caregiver has not had experience in cross-cultural settings, this would be a valuable time for such exposure in providing a greater understanding of the various child rearing practices that exist world-wide. Usually, the mature caregiver makes a good supervisor, teacher trainer or perhaps, center administrator.

ORIENTING THE NEW CAREGIVER

Orientation Or Pre-Service Training

New staff members, whether experienced or n_, need an orientation and training period to introduce them to your particular program. Some centers set aside up to a week for this pre-service training. A great deal of time and effort is required to train each new caregiver, but it is vital. When all caregivers know their jobs, yours is easier.

Employee handbook. It is helpful to have written guidelines or an employee handbook for the orientation. As discussed previously, these spell out the policies of the center in detail and should be read carefully by the new employee before starting to work. On the very first day of work, it is wise to take the time to discuss some of the information contained in the employee handbook and to provide opportunities for the new caregiver to ask questions about the information presented in it.

New employee checklist. A new employee checklist, such as the one on the following page, is another useful tool for orienting new caregivers. It is essentially an aid for you to make sure that you have not forgotten any

NEW EMPLOYEE CHECKLIST

NAME: _____

NOTE: Orientation should be completed on the first day of employment. Check each item and encourage employee to ask questions.

1. The Job

( ) Explain work of the child care center.
( ) Explain employee's position in the center and to whom s/he is to report for supervision, guidance, help and information.
( ) Review job description and explain employee's duties.
( ) Explain work standards, how work will be done, and how her/his performance will be evaluated.
( ) Tell employee where directives concerning her/his job are filed and where supplies are stored.
( ) Tell employee about storage of personal possessions.

2. Rules and Regulations

( ) Inform the employee of her/his working hours and staff schedules and the policy on tardiness and absences.
( ) Explain how to make application for sick and annual leave and report unexpected emergencies.
( ) Explain pay period, time cards, and when employee can expect his/her first check.
( ) Explain how and when to report on-the-job injuries and/or job-related illnesses.
( ) Inform employee of authorized lunch and rest periods.
( ) Tell the employee how to answer the phone and record calls in the center.
( ) Tell the employee personal phone call and visitor policy.
( ) Remind employee of safety regulations, accident reporting and air raid and fire alarms.
( ) Give full information about necessary security measures and/or job related illnesses.
( ) Counsel on proper job behavior, including appearance, and standards of conduct.

3. General

( ) Inform the employee of training available for better job performance and advancement.
( ) Tell the employee about the suggestion program and the supervisor's interest in receiving suggestions.
( ) Explain how employees are selected for promotion in the center.

4. Introduce employee to co-workers.

CERTIFICATION BY EMPLOYEE:
This checklist has been prepared for us to assist you to start your new position properly. Your signature is required below as an indication you received orientation.

_____ (Date)

_____ (Employee's Signature)

important information. But, it also serves as a reminder to caregivers that the items contained on it were discussed with them.

At our center, it takes about one hour on the first day of work to cover all items on the checklist. We have each new caregiver sign and date the checklist and a copy of it is placed in the employee's personnel file in the center.

Introductory tour. Although time-consuming and costly, it is important to introduce the new caregiver to the total functioning of the center including, of course, an introduction to the rest of the caregiving team and to the children. We do this by providing a brief introductory tour

of the entire center during which the different sections of the facility are pointed out, including the staff lounge, kitchen, laundry and supply area. Then the caregiver visits and observes for about 30 minutes in each section of the center. The routines and daily schedules of each section are described briefly by an experienced caregiver. Time also is allowed for questions as well as for some interaction with children.

Meeting with director. Following this full first day's activity, the new caregiver meets with the director to discuss any questions and to review the day's activities.

We have found that the introductory discussion of the employee handbook and the new employee checklist, followed by a tour of the center and observations in each section of our large facility, and ending with a meeting with the director constitutes a very full first day. Even though overwhelming in some aspects to the new caregiver who may not work in all sections of the center, this orientation gives the employee an overview - an understanding and appreciation - of what the center really is and does. It is our belief that this initial overview helps the new employee become a productive member of a cooperative team. And it is this team that can make or break a child care center.

Experienced caregivers as models. Depending upon the individual needs of the caregivers and the positions they are to fill in the center, the pre-service training can last a few days - for an on-call employee, to a few weeks - for a lead caregiver. In any case, during this initial "survival" period, it is most important that those caregivers continue to work alongside a good model and not be given total responsibility for a group of children until you have observed their work and are assured that they can handle that responsibility. During this time it is important that you, the director, are available to new caregivers.

Other supportive staff development materials. The time available for such orientation training, and further in-service training, will vary from center to center. The difficulties in training a large number of intermittent caregivers with limited formal training or experience in child care, complicated by high turnover rate, have been the impetus for the development of the series of *Staff Development Modules* written by the Military Child Care Project. In particular, in military child care centers where many caregivers are military wives who move frequently and where intermittent caregivers often are used to supplement key staff, the question of staff development looms large. In addition, most military child care centers are open six or seven days a week for more than eight hours a day and operate throughout the year. Therefore, it is costly, complex and not at all convenient to conduct group orientation or training programs.

The staff development materials prepared by the Military Child Care Project were designed with the need for individualized, self-paced learning in mind. That is, the series were developed as modules, each one relating to a specific theme or age group, which can be reviewed by the caregivers at their own pace whenever there is time for them to do so. The modules present brief texts explaining important concepts in child care and child development, which are followed by problem-solving situations likely

to occur in a child care center. Each of several possible ways to handle the situations is discussed following each situation. A Director's Manual accompanies the modules which presents ideas and suggestions for using these materials most effectively in the orientation and on-going staff development program at a center.

Following the first day's orientation, the new caregivers at our center work through the three-part Staff Development Module, *The "Caring" Role In A Child Care Center*. It is designed to provide caregivers with a basic understanding of their responsibilities to children, to parents and to co-workers.

PROVIDING ON-GOING TRAINING

In-Service Training

A primary objective of in-service training is enrichment - promoting quality and upgrading skills to improve work performance. It should be used to strengthen weaknesses in the center program, reinforce the center's strengths and increase the caregiver's understanding of child care and children.

In-service training must take into account the various levels of development - survival, consolidation, renewal and maturity - of individual employees as well as address program-wide concerns. The following questions may help you focus on the developmental level of your caregiving staff as well as the needs of your center program.

Is the staff composed of many people with formal training in child care or many with limited training?
Is the staff relatively experienced or inexperienced?
Is the staff primarily full- and part-time employees, or are there many intermittent-on-call caregivers?
Is the staff large or small?
What are the weaknesses in the center program, and how can training strengthen them?
What are the program strengths, and how can training reinforce them?
What adaptions are needed in the center program to address unmet community needs for child care, and how can training help?

Unfortunately you are the only one who knows the answers to these questions. It is you who must identify the needs of your own situation. And these needs obviously have a definite impact on not only the time required to plan and implement any in-service training program, but the method and content of such a program as well. So, essentially you must be the one who designs a program specifically to meet your identified needs. No one else can do it for you. And the particular program you develop will depend upon the amount of time you choose to allot for training, the range of qualifications and experience of your staff and the amount of money you can afford to spend for training.

If your staff of caregivers has little formal training and/or experience, you or a well-qualified assistant will need to carry out the program. It is clear that the more nonprofessionally-trained and inexperienced the staff at your center, the more complicated the process of training and costly that training might be. Based on our experiences it also is evident that few, if any, military child care centers can afford the luxury of full-blown training programs. But there are some concepts and techniques for staff training that do not require a fat budget and yet assist you in making a difference.

Include Theory And Practical Application

The in-service training program you design should include two components: *theoretical subject matter* and *practical application*. Theory provides the basis for understanding children and their development, while practical application enables the caregivers to put these ideas into practice and to use materials creatively with children. Unless caregivers understand thoroughly how children develop, knowledge of particular activities will be useless because they won't know when or why to use them. On the other hand, caregivers are not able to fully integrate a new child development theory until they have the opportunity to experience or apply it with a group of children.

It is wise to keep in mind that these two components are interrelated and impossible to separate in reality, but for training purposes you may choose to separate them. In a recent book[2], the authors suggested that one-quarter of the time set aside for in-service training be devoted to theory and three-fourths of the time to practical application.

Include On-Going Supervision

It generally is agreed that directors should organize time to include at least three basic forms of in-service training: supervision, staff meetings and more formal training approaches, such as workshops, seminars and written materials.

Based on our own experiences, as well as on discussions with other military directors, we have found that supervision of staff is rated as the most important of the three techniques. Although rated as the *most* important, many directors frankly admit that it also is the one to which they devote the *least* amount of time. Because supervision is possibly the most critical in terms of the success or failure of a center program, it is discussed at length in another module in this Guidebook - *Program Development In Military Child Care Settings*.

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[2]E. Evans, B. Shub, & Weinstein, *Day Care: How To Plan, Develop, And Operate A Day Care Center* (Boston: Beacon Press, 1971).

Include Staff Meetings

The single and perhaps the most consistent technique for staff development in child care centers is probably the staff meeting. It is obvious to anyone who has worked in this field for very long that child care staff meet and communicate on an informal basis nearly every hour of every working day. They meet over lunch, during breaks or in the parking lot - whenever and wherever two or more caregivers are gathered and choose to discuss child care. These meetings clearly are unscheduled and require no preparation, but they do enable caregivers and administrative staff to communicate quickly. And that's the main purpose of any staff meeting - communication.

While more formalized meetings are an important part of the learning opportunities in any child care center, it is important not to underemphasize the value of these casual meetings. All caregivers who are working together also are learning together. The numerous informal exchanges of ideas, feelings, thoughts, questions and suggestions that occur in the process of working each day are a valuable form of in-service training.

Although information indeed is exchanged on this casual, one-to-one basis, many issues and problems are communicated most effectively and efficiently in a more structured, scheduled staff meeting with as many caregivers as possible in attendance. If these meetings are conducted in an atmosphere where communication is open and cooperation is encouraged, thoughts and feelings can be exchanged to clarify problems and issues. When caregivers have been involved in meaningful discussions about the program, have been able to express opinions and have had some say in the decision-making process, they have a greater sense of being part of a team. Through working together at staff meetings, the real strength of a center can be developed.

Simply stated, staff meetings serve four main purposes:

to inform - designating a definite time and place for communicating and sharing relevant information.

to clarify - helping to make clear pertinent issues and policies

to make decisions - formulating plans and offering suggestions to improve the child care center.

to unify - bringing the staff together as one unit in terms of function and purpose.

It is the director's responsibility to plan and conduct staff meetings. The careful preparation and distribution of a clear, concise agenda ensures that the necessary business gets done in a timely manner. Although the director has the final voice in the items listed on the agenda, suggestions for agenda items should be drawn from the whole staff. A blank sheet of paper entitled, "Agenda Items For Next Staff Meeting," on the director's bulletin board has worked well for us. On it, staff members can jot down items which they want to discuss; these are used as one basis for designing the agenda.

In preparing the final agenda, it is important to select only those suggested agenda items that are of concern to the majority of staff members attending the meeting. Otherwise, staff members become bored and restless. Suggested items that are relevant to a few caregivers should be discussed in a special meeting involving only those concerned with the issue.

The items on the agenda should:

be listed in order of importance.

identify who is leading the discussion about each item.

include an estimate of the time needed to cover the item.

This serves to remind staff members of their responsibility during the meeting and helps avoid overly long discussions or rambling presenters.

The director sets the stage by making adequate preparation to ensure a productive meeting and by beginning and ending the meeting on time. Avoid long, drawn-out meetings. Such meetings destroy staff morale because they waste time. An hour or an hour-and-a-half is usually enough time to cover everything you have in mind. A thoughtfully organized agenda which is followed closely is your best defense against meetings dragging on and on. If, however, meetings are scheduled to last over an hour, a short break midway is recommended to refresh staff. Just as children need variety and a balance of activities, so do caregivers to maintain interest and to enhance the quality of their contributions.

The director usually presides over the meeting and facilitates moving the group through the agenda. Facilitative leadership enables the group to deal with important business matters rather than falling into fruitless "rap-sessions."

It is essential that one person in attendance takes notes of the issues discussed. These minutes should be posted and distributed following the meeting. They also will serve as a review, as well as a reminder of any necessary follow-up reports, at the next staff meeting.

Periodically, it is wise to have those in attendance evaluate the value of staff meetings - either orally or in writing. If staff members feel free to express their opinions verbally while the group is present, not only is immediate feedback provided but some of the whispered complaints that might be voiced following the meeting can be prevented. However, additional information might be available if a written evaluation is used, especially if some caregivers are uncomfortable or reluctant to voice their opinions.

Although staff meetings should be scheduled as needed, their actual number and regularity will vary from center to center depending on the amount of business typically discussed. It is better to have weekly or bi-weekly meetings than one monthly four-hour meeting. It also is important

to set a regular time and day for staff meetings and stick to it. For example, the staff meets the first and third Wednesday of each month at 1300 hours, with no exceptions. Staff members usually prefer daytime meetings, but some centers prefer to hold their meetings in the evening because that is the only time the entire staff can attend. In some military centers, open both days and evenings for six or seven days each week, it is virtually impossible to have a total staff meeting. In this case, two separate meetings focusing on the same agenda may be required. Another solution to this problem is to require *key* staff members to attend all staff meetings and to work out a rotation plan for others to attend meetings as often as possible.

Include More Formal Training

There are many formats for more formal approaches to training which may involve consultants or child development professionals from local colleges or schools, or simply you and your staff. Written materials, lectures, discussion groups, demonstrations, seminars, workshops, role-playing, skits and audiovisual materials can all be used as a part of the in-service program.

Sometimes vocational schools, colleges or universities are willing to offer credit courses on a part-time basis or at a free or reduced cost to staff. Local early childhood educational meetings and conferences of various child care organizations often can be used to supplement in-center training at a reasonable cost.

Visits to other child care centers in your area can be refreshing and interesting and can be part of the total training program. After such out-of-the-center meetings or visits, caregivers often bring back additional program techniques, new and different ideas for structuring the physical setting and a fresh enthusiasm for solving problems or improving your program.

In recent years the availability of commercially prepared training packages for child care and early childhood programs has increased dramatically. However, this increase says nothing of the quality or applicability of these materials to training staff to work effectively in military child care centers. It was this perceived void in the availability of staff development materials applicable to military centers that prompted the development of two series of training modules by the Military Child Care Project:

Staff Development Series

The "Caring" Role In A Child Care Center
Caring For Infants
Caring For Pretoddlers
Caring For Toddlers
Caring For Preschoolers
Caring For School-Age Children

Child Environment Series

Creating Environments For Infants
Creating Environments For Pretoddlers
Creating Environments For Toddlers
Creating Environments For Preschoolers
Creating Environments For School-Age Child Care

These modules stress the importance of ensuring the conceptual unity of ideas which are presented to staff while also addressing both theory and practical applications. They recognize the problem of scheduling large group staff development sessions and offer innovative techniques for getting information to individual caregivers. The design of the modules helps caregivers develop an understanding of young children and some creative approaches to child care.

Decide If It's Mandatory Or Optional

It is the director who must decide whether in-service training sessions should be mandatory or optional. If attendance is required, the staff must be paid their normal hourly wages which is costly. In addition, you should realize that some caregivers simply may be present in body but not in mind, which is even more costly. On the other hand, if attendance is voluntary, those who attend may resent not only the time spent but also those who do not attend. You will have to assess carefully both the commitment and reaction of the staff and the center budget before making a decision. Whatever your decision, it should be clear that the training offered must be worthwhile.

Occasional voluntary training sessions held in the evening have been most successful for us when some form of recognition has been available from people who are not members of the staff. A combined parent/staff workshop offers the possibility of verbal recognition by parents. For instance, in a discussion about the ages and stages of early childhood, it is not uncommon to hear a parent say something like this: "Well, Mary helps many of our two year olds learn toileting skills in the center. What's your opinion, Mary?" Needless to say, being given this kind of recognition in front of a group boosts anyone's morale. A second type of recognition that has increased voluntary evening participation for us has been a certificate of attendance and/or credits earned. When training sessions are conducted in cooperation with an accredited educational institution, these credits can be applied toward the requirements for obtaining a credential or degree from that institution.

Schedule Training Carefully

Finding a suitable time when all staff are available or can be scheduled for training often presents a problem. If your center operates both day and evening for six or seven days a week, there are always children to supervise. Even if your center is not open every evening or all weekend, caregivers may be too tired for active participation if training sessions are scheduled then. Additionally, staff members usually don't welcome too many evening or weekend meetings regardless of how informative or interesting they are.

One way to solve this problem is to include a specific training segment in each regularly scheduled staff meeting. Many child care centers schedule these meetings during nap time because napping children can be watched by just a few caregivers while the others meet. This is a workable

plan as long as the meeting is held in the child care center and the caregivers, therefore, are near to help in case they are needed.

Another solution is to repeat a training session twice in one day. By repeating the session, half of the staff could attend in the morning, while the other half could attend in the afternoon.

Obviously, these training sessions should be scheduled on those days of the month when fewer children are usually in attendance. For example, if your records indicate that Monday tends to be the slowest day of each week, then, by all means schedule meetings and training sessions on Monday. For most military child care centers, it would be very foolish to schedule such a meeting on payday because attendance usually is higher on that day and caregivers are needed to supervise children.

Career Development

Career development refers to the concept that programs should prepare staff for positions of increasing responsibility and pay. It can be supported both through direct actions of supervisors and through the general policies of the child care program.

Programs which can afford to should provide release time for caregivers to take off-the-job courses and workshops and to work toward credentials or degrees in a related field. At our center several staff have worked on their jobs in the center under the guidance of a trainer from a local vocational school and have received the Child Development Associate (CDA) credential. For information about this nationally recognized program which is competency-based and does not require a college degree, write the Child Development Associate Consortium, Suite 500, Southern Building, 805 Fifteenth Street, NW, Washington, DC 20005.

A center practice which has been found to reduce turnover is that of offering all staff a chance for promotion and advancement among different jobs at the center. This in-house career development plan can be supported by working informally with individual staff on knowledge or techniques they lack and by letting them know when upper level jobs are open.

EVALUATING STAFF

Another center practice that helps reduce turnover is a system of regular evaluations of staff performance clearly related to salary actions, whenever possible. Not all evaluations must be related to a salary review, however. It has been found effective for maintaining staff morale for center directors or assistant directors to meet with individual staff every three to six months to review how they are doing and what assistance they may need to improve what they do.

The basis for performance reviews should be the job descriptions which include what the center expects of them, plus the daily observations of the caregiver in the center. As a rule of thumb each staff member should be evaluated at least twice a year. The first evaluation/performance review should be completed at the end of the probationary period. Other performance reviews should occur at six-month intervals following the initial review.

Caregiver Self-Appraisal

Many centers have caregivers reflect carefully on their own job performance, satisfaction and career plans as a part of the overall evaluation process. We think that this is an important part of the team-building and morale-building process in a center. A self-appraisal or self-evaluation could include questions such as,

What do you like most about your work?
What don't you like about your work?
What have been highlights of your job so far?
In what way can the type of assignments you are performing be more satisfying?
Are there other duties or responsibilities you would like to include as part of your job?
If you had the opportunity to perform a different job in the program, what would it be?
What changes could be made that would enable you to do your job more effectively?
Are there new things you'd like to learn about during in-service training?
In what ways have you demonstrated growth and development over the past review period, e.g., attending workshops, reading books, training sessions?
List specific areas (goals/objectives) for improvement that will promote growth and development on your job.

Supervisor/Director Assessment Of Staff

The second part of the evaluation process usually involves the use of a standard form designed for all workers in a particular job category. The forms usually combine job description requirements for which employees are responsible with some other assessment items based on supervisor/director observation of the caregivers' interactions with the children and staff at the center. We use an evaluation form that was developed by the University of Wisconsin-Milwaukee Day Care Center.[3] It includes the kinds of questions frequently asked in a performance evaluation. (See page 58).

For evaluating performance of lead caregivers, head teachers or section supervisors, the form on page 59 is used in conjunction with the caregiver performance evaluation form.

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[3]L. Evans, & J. Larus, *Staff Training Manual* (Milwaukee: University of Wisconsin-Milwaukee Day Care Center, 1977).

CAREGIVER PERFORMANCE EVALUATION FORM

NAME: _____ DATE: _____

	Unsatisfactory	Needs Improvement	Satisfactory	Better Than Satisfactory
RELIABLE:				
- is punctual				
- shows responsible attitude toward scheduled work hours				
- attends regularly scheduled staff meetings				
AWARE OF TOTAL ROOM OPERATION				
- is active and observant				
- prevents problem situations				
- deals with problem situations quickly				
- able to discriminate between appropriate and inappropriate behavior				
- initiates group activities				
- works well with groups of children				
- encourages imaginative and constructive use of materials and equip.				
- shares responsibility for room maintenance				
- relays information to staff, head teacher & parents, verbal or written				
CHILDREN:				
- is aware of and responsive to children's *individual*:				
emotional needs and development				
physical needs and development				
intellectual needs and development				
social needs and development				
cultural needs and development				
- contributes to children's language development by talking with them				
- relates to and respects children's freedom as individuals				
- develops child's positive self-concept				
- verbalizes sensitively and appropriately (voice quality)				
- displays warmth and physical affection				
ATTITUDES:				
- shows enthusiasm toward job				
- sense of humor				
- communicates with other staff and head teacher				
- works cooperatively as a member of a "team"				
- conveys positive attitude about the Center and children				

LEAD CAREGIVER PERFORMANCE EVALUATION FORM

NAME: _____ DATE: _____

	Unsatisfactory	Needs Improvement	Satisfactory	Better Than Satisfactory
SECTION MANAGEMENT:				
- demonstrates a working knowledge of environments which bring about responsible decisions related to child care				
- shows creative imagination and responsible judgment in providing a healthy and safe, warm and stimulating environment for both children and caregivers				
- able to accept change and to cope effectively with new and different problems				
- submits necessary reports on time and maintains accurate records				
LEADERSHIP SKILLS:				
- serves as a model for other caregivers by displaying skill in planning, presenting and maintaining materials and activities appropriate to the needs and interests of children in the section				
- displays the ability to perceive the group as a whole while demonstrating to other caregivers the skill necessary to work with small groups and individual children				
- exhibits thoughtful program planning based on long-range and short-term goals and individual child needs				
- periodically reviews and adjusts the program to reflect the individual children's growth and development				
- able to set and maintain limits and standards of conduct in the section so optimum child care results				
- supervises and coordinates activities of all other caregivers in the section				
RAPPORT:				
- displays ability to relate to and work effectively with not only children, but also other staff members, parents, volunteers and guests				
- ensures that all caregivers working in the section understand each other's roles and the team relationship				
- keeps the section team of caregivers informed				
EVALUATION:				
- able to recognize own strengths and weaknesses and the reasons for them				
- displays a desire for learning and self-improvement				
- able to provide constructive criticism and suggestions to other caregivers in the section				

Director Self-Appraisal

In addition to evaluating staff, a wise director will periodically reflect on a self-evaluation. Before you can further the development and growth of those you serve, you must first know and understand yourself. An honest self-appraisal can provide some insight into your role as the director. It will assist you in determining whether your goals and the goals of the center are being met and how effective you are in meeting the needs of the center. In addition, it can provide a solid basis for future planning. Using your past performance as a basis for a thorough self-evaluation seems to be the most effective way to evaluate yourself. The questions on the following form can be used for such an appraisal of your performance. Be completely honest in rating yourself on each question.

DIRECTOR'S SELF-EVALUATION QUESTIONNAIRE

In the columns after each statement is a *TRUE*, *??*, and a *FALSE*. If the statement as it is worded is true as it applies to your past performance as a director, make a check mark under the *TRUE*; if you believe it does not apply or is not true of your past performance, check under *FALSE*. If you're not sure or really don't know if the statement applies to your past performance, check under the *??*. Read each statement carefully and answer frankly.

	TRUE	*??*	*FALSE*
I HAVE:			
- written a philosophy for the center in conjunction with interested and concerned citizens of the installation.	____	____	____
- developed with caregivers short-term and long-term goals in relation to the center's philosophy.	____	____	____
- worked with the staff to develop a program for children which meets their basic and developmental needs as well as the goals and objectives of the center.	____	____	____
- established all necessary policies and procedures for smooth operation of center.	____	____	____
- determined that all program components conform with all applicable regulations and laws.	____	____	____
- established and operated within annual and long-range workable budgets.	____	____	____
- maintained adequate records in a safe, orderly and accessible manner.	____	____	____
- maintained a healthy and safe, attractive and inviting physical environment suitable for the center's program.	____	____	____
- established working relationships with all appropriate installation agencies and services.	____	____	____
- implemented a successful public relations program.	____	____	____

- encouraged the professional and personal growth of staff members ____ ____ ____

- developed an effective caregiving team and a communication network among staff members and volunteers through training, personnel policies, meetings, conferences and conversations. ____ ____ ____

- continued my own professional development and expanded my knowledge of child development and center administrative methods. ____ ____ ____

- conducted on-going evaluation of the staff members and all aspects of the center's program. ____ ____ ____

- furthered active parent involvement by planning and implementing programs responsive to the parents' interests and needs. ____ ____ ____

- planned and implemented supportive services to better serve the children and their families. ____ ____ ____

- organized my duties and responsibilities for maximum efficiency. ____ ____ ____

- made a consistent effort to apply the Golden Rule in all my dealings with others. ____ ____ ____

Now, count the number of check marks you have placed in each column. The more check marks you have placed in the *TRUE* column, the more effective you probably are in meeting the needs of your center. Those check marks in the *FALSE* or *??* columns probably indicate weaknesses in your past performance and need to receive more of your time and attention. To assure that you find time to address these weaknesses, it is recommended that you design a schedule for self-development. On such a schedule, you list each weakness, your plan for corrective action and a planned date to accomplish the action. Make this schedule for self-development a part of your *Important and Urgent* tasks to be accomplished - don't delay.

DISCUSSING PERFORMANCE WITH STAFF

All evaluations should be discussed verbally and in private with each staff member. Always stress the person's positive points as much as possible. Get the employee to think through his/her weak or problem areas and get his/her reaction. Give the employee a chance to express an opinion about what you are saying. Don't just criticize; rather, offer help in overcoming weaknesses and in obtaining additional resources which can improve areas of weak job performance.

In using this supportive approach, there are many practical techniques which the supervisor can use to help the communication be maximally useful. Dr. Martin Feinberg developed the following helpful list of techniques for presenting criticisms to employees.[4]

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[4]"How To Criticize An Employee," *Business Management*, Vol. 26 (July, 1964), p. 36.

Be involved - Criticize in an environment where you are paying direct attention. Make your employee realize that at this moment, he is the most important thing on your mind. Tell him that you have some negative things to say about his performance, but you also have some that are positive.

Say the negative first - The positive should be last because it is part of healing.

Talk about the immediate - If you tell him what it will be like once his troubles are solved, he starts to daydream about how great things are going to be and forgets how he is going to become great.

Take one at a time - If you concentrate on one phase of criticism, he knows what is bothering you.

Never say "always" - This distorts the degree of the person's fault and helps him to erect a defense against what is really a minor point.

Criticize in the morning, early in the week - By criticizing at the beginning of the week, early in the day, you give yourself a chance to relate, to build a strong, constructive, improving relationship.

Steer clear of humor - It will be interpreted as sarcasm.

Be specific - In your criticism.

Heal with praise - Try to close the interview with a word on a positive subject; do not exaggerate because it will reflect on judgment.

Probation Period Evaluation

One final note about employee assessment relative to the concept of *probation*. *Probation* is a specified period of time, usually from three months to a year depending on job classification, during which new workers try out the job to see if the type of work and employee conditions are suited to their needs, and employers try out new caregivers to see whether they are suitable under actual working conditions. Probation is useful to both parties, since either the employer or employee can terminate the employment agreement without hard feelings or a mark on the employee's record.

This makes the initial evaluation of newly employed workers particularly significant. Generally, if a director chooses to terminate the employment agreement during the probationary period, she/he may do so *without cause*, that is, without stating the specific reasons why. After that period, the employer must site specific and reasonable justification for terminating an employee who had demonstrated satisfactory work during the probationary period.

It certainly is true that some people are not suited for employment in child care programs, even some people who choose seriously to work in the field. Characteristics of personality or philosophical expectations of a new employee simply may not match up with the reality of intimate, full-day contact with young children. When this occurs, center directors have a professional obligation to guide such employees away from child care work and recommend fields of employment that would be more suitable.

MAINTAINING STAFF MORALE

In child care the quality of the program depends to a large extent on the behavior and happiness of the staff. Most child care programs don't use much equipment or a lot of materials, and most child development in child care results from contacts between children and staff and children and other children. This means that the center director should plan carefully how staff members are used efficiently. This is discussed more fully in the module in this Guidebook on *Program Development*.

Making Jobs Reasonable And Understandable

In general there are some basic steps which we have found necessary to assure efficiency of staff use and good morale:

Assure that each staff member has a well-defined job with enough time to do it.

Schedule staff working hours, if possible, so that they have an occasional hour a day free to themselves.

Have support or back-up staff available to fill in for absent caregivers to assure that no one must absorb this extra burden.

Deploy staff in a way that is convenient for caregiver supervison given the group sizes, type of space and staff schedules in the center.

Work hard for good communications in which the director, section supervisors and all staff know what is new and what is expected.

Supervise staff in a way that assures all center policies and procedures are carried out from day to day and that there are enough materials and support staff to assure smooth operation.

Provide staff development and staff training regularly, evaluating staff performance and when possible relate this evaluation to salary actions and promotions.

Preventing "Burn-Out"

Child care is a demanding job, one which offers a minimum of tangible rewards. Burn-out or loss of positive energy, flexibility and personal creativity on the job probably leads to the 30-50 percent turnover per year among most child care center staffs. The signs of burn-out are fairly easy to spot - repeated lateness, increased absenteeism due to illness and a feeling of "no-energy" in the center. At the same time, there may be more staff complaints about children's behavior, the parents, the center director and working conditions. In general, gossip among staff increases, petty arguments arise, staff meetings are filled with discussions about job details, and no one seems as flexible or willing to accommodate inconvenience as previously. If this process continues, some staff members may become so negative that they either resign or are asked to leave. Others that stay may be just going through the motions of providing care and become rather abusive towards the children. Where did all the enthusiasm go? What can you do? The following suggestions for avoiding burn-out were made by a social worker at a California Children's Center.[5]

Pay attention to center climate and recognize when the first signs of "burn-out" behavior appear. Make all staff aware of the symptoms and of their responsibility to help deal with them.

Provide regular open forums for caregivers to air their concerns. Develop meeting agendas which focus on problem-solving and encourage staff to raise issues for solutions. Such open and honest feelings from everyone should be done in an atmosphere where no one need fear the consequences.

Involve all staff in decision-making about their own work environment. Committees including staff which deal with program goals, budgets and staff training plans can increase the staff's feeling that they have a personal stake in the program's success.

Give attention to working conditions. If there is no money for increased salaries, use recognition and special awards frequently. Compensatory time off, praise in a newsletter or personal commendation, can all make working more rewarding.

Change routines and rhythms regularly. Avoid getting stuck in a setting which becomes inflexible and dull. Give some long weekends, shorter but more frequent vacations or arrange individual schedule shifts which meet caregivers' personal needs.

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[5]S. Seiderman, "Combatting Staff Burn-Out," *Day Care And Early Education*, Vol. 5, No. 4 (Summer, 1978), pp. 6-9.

Create an atmosphere that allows some fun along with the serious responsibilities. Allow some horseplay now and then and encourage staff to be creative by bringing in and displaying their crafts, arts or other interests.

Develop some flexible job responsibilities. Many employers are seeing the benefit of creating new ways to increase diversity and options in jobs. Job sharing between two people, rotating leadership or flexible work-schedules are some ways to add this diversity. Offer staff members some break from the continuous direct contact with children by scheduling some time for paperwork, housekeeping, inventory chores or other needed tasks.

Offer them opportunities to renew their energies. Permitting attendance at a workshop now and then, encouraging taking classes or scheduling a social activity for staff such as a party, a picnic or a potluck to get staff together in a relaxed setting can revive interest and energy in the center.

Create opportunities for staff to feel successful and to demonstrate the value of what they do. Make staff responsible and accountable for the results of what they do and recognize their successes.

Create an atmosphere of trust and mutual respect. Help staff members feel free to express what they feel they need to do their jobs well. For example, if someone needs a few extra hours of sleep one day, do they have to call in "sick" or can they tell the truth?

One interesting exercise that we have used with great success in our center staff meetings is the following.[6] The objective is to get each staff member to rank the factors on the list below in order of importance as they see them affecting their own morale.

FACTORS IMPORTANT TO EMPLOYEE MORALE

Rank all items in order of importance by placing a 1 by the factor most important to your morale, a 2 by the next most important, and so on through the list.

_____ Wages

_____ Supervision

_____ Security

_____ Social aspects of job

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[6]M. Bruce, *Human Relations In Small Business* (Washington, DC: Small Business Administration, 1969), p. 10

_____ Company and management
_____ Benefits
_____ Communication
_____ Appreciation
_____ Hours
_____ Interest
_____ Opportunity for advancement
_____ Working conditions
_____ Intrinsic aspects of job assignment
_____ Ease

When they have had about 15 or 20 minutes to do this, they each discuss their ranking and their perceptions about the motivation in their jobs. This provides a lot of open discussion and can help the supervisor/director gain insight into the viewpoints of staff.

Several studies done at a major university showed that the items tend to be ranked in this order:

1. Security
2. Interest
3. Opportunity for advancement
4. Appreciation
5. Company and management
6. Intrinsic aspects of job assignments
7. Wages
8. Supervision
9. Social aspects of job
10. Working conditions
11. Communication
12. Hours
13. Ease
14. Benefits

Note that wages ranked half-way down the list! So, while your staff may complain in terms of money, be aware that something else may be wrong. High salaries alone are rarely enough to ensure high morale and outstanding work.

What we have discovered from exercises such as these and from our observations agree with many management specialists today: People basically motivate themselves to enjoy and do a good job. The task of the boss or center director is to create a climate for job satisfaction. There really is no reason why people shouldn't be as comfortable doing their jobs as they are when they are not working. If they are unhappy, there generally is something wrong at the management level. Perhaps the number one fault in such situations is that managers don't get out of their offices and listen to what employees have to say. Listening and being alert to problems is a big part of the art of supervision. Supervision falls just under wages on the rank-order list. It is an important factor in maintaining staff morale. Employee-oriented supervision by directors usually gets better results. The caregiver who is treated as an individual and feels wanted and needed usually will do a better job. The way to get teamwork on the job is to recognize

that humans really are human and that people can't be expected to perform like robots. Supervision plays such a major role in the success of a child care program that we have chosen to discuss it in detail in the separate *Program Development* module.

READING MORE ABOUT IT

The following suggested readings are those which we have used ourselves and which we have found to be the most useful on this topic. If you want to include other resources on your bookshelf, these would be good additions:

Bruce, M. *Human relations in small business*. Washington, DC: Small Business Administration, 1969.

Carmichael, V., Clark, M., & Leonhard, B. *Administration of schools for young children*. California: Viola S. Carmichael, 1972.

Evans, E., Shub, B., & Weinstein, M. *Day care: How to plan, develop, and operate a day care center*. Boston: Beacon Press, 1971.

Neugebauer, R. Motivating your staff. *Child Care Information Exchange #7*, April 1979, 23-28.

O'Brien, M., Porterfield, J., Herbert-Jackson, E., & Risley, T. *The toddler center - A practical guide to day care for one- and two-year-olds*. Baltimore, Maryland: University Park Press, 1979.

Parker, R., & Dittmann, L. (Eds.). *Staff training*. Day Care Bulletin No. 5 (OCD 73-23), Office of Child Development, 1971. U.S. Department of Health, Education and Welfare. Washington, DC.

Provence, S., Naylor, A., & Patterson, J. *The challenge of day care*. Connecticut: Yale University Press, 1977.

Seiderman, S. Combatting staff burn-out. *Day Care And Early Education*, 1978, 5(4), 6-9.

PLANNING FOR EFFECTIVE FACILITY AND EQUIPMENT MANAGEMENT

Relatively few directors of military child care centers have the exciting opportunity to help plan and design the child care center on their installation nor to watch it be constructed from the ground-up. Most find themselves in the position of making the most of what they have inherited, while some are given the opportunity to create centers in vacant buildings designed for other purposes.

Ideally, a child care center should be housed in a new building designed by a qualified professional team of building and landscape architects and child development professionals to meet the needs of children in group care. It is beyond the scope of this module to discuss the design and construction of a new child care center, so we have chosen instead to discuss some good methods for managing and making the most of your existing facility - old or new. However, you should not rule out the possibility of searching for a different building or initiating new construction of a center if your current center is a very poor environment for young children.

In 1978, the Department of the Army contracted with a design team at the University of Wisconsin-Milwaukee to prepare recommendations for the planning and design of child care centers on Army installations. Two major documents especially tailored to design and renovation issues in military centers have been produced by this Children's Environments Project. These documents reflect the best and most current thinking on creating child environments and should be reviewed by directors who are considering making changes in existing centers or proposing a new center. The documents are entitled *Recommendations For Child Care Centers* and *Recommendations For Child Play Areas* (see *Reading More About It* on page 91). These documents are available from the Center for Architecture and Urban Planning Research at the University of Wisconsin-Milwaukee and would be good companions for this *Administrative Guidebook* on a director's bookshelf.

DESIGNING INDOOR AND OUTDOOR SPACE THAT WORKS FOR YOU

The quality of a space depends on how it is organized and what is put into it. The way that you design your space will control such important factors as:

the adequacy of supervision for the children both indoors and out

the number and types of activities which can be provided

the convenient accessibility of various areas to children and staff

the safety of the children and the center traffic patterns

the kinds of behaviors you encourage in both staff and children

Perhaps the most inadequate feature of most child care centers is an outdoor play yard that provides developmental challenges in a setting which is natural and interesting for young children. The importance of outdoor play in a child's overall development cannot be overemphasized. Therefore, the design and development of those parts of your center which are devoted to outdoor play space are an important contribution to the potential for quality care. They must be considered as important as the development of the indoor spaces.

The only difference between indoor and outdoor play space is that one has a roof over it or, in the case of sheltered outdoor areas, the indoor areas can be more easily temperature controlled. Both, however, need to provide opportunities for the physical, intellectual and social/emotional needs of children.

Indoors, one of the most studied aspects of center design is whether what is called *open structure* child care center plans or *closed structure* plans are preferable in terms of the child and caregiver behavior which each encourages. Prescott[1] studied both types of structure and found the following.

> In *open structure* centers without separate "rooms," children exhibited more autonomous, active, "initiating" behavior such as choosing things or asking for help. However, caregiver input in child activities seemed diluted and less focused.
>
> In *closed structure* centers with fully separated rooms for groups of children, they tended to meet adult expectations well, but were less autonomous and more hesitant to make their own choices. Adults rarely held or hugged children and there tended to be fewer messy materials and few rugs, pillows or swings which would permit children to lounge comfortably.

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[1] E. Prescott, E. Jones, S. Kritchevsky, C. Milich, & E. Haselhoef, *Assessment of Child-Rearing Environments: An Ecological Approach* (Pasadena, California: Pacific Oaks College, 1975), pp. 16-23.

A type of space division which allows the best of both philosophies has been used in several quality centers visited by the design team with the Children's Environments Project and was recommended strongly by this team in the design guides prepared for the Department of the Army.[2] This plan is called a *modified open space plan*. It consists of a mixture of several open areas with smaller enclosed spaces. The open spaces can be subdivided for smaller group use. The smaller areas can be opened to provide larger group areas by simply moving dividers or other partial barriers. This philosophy gives children some private corners or "get-away" spaces that often are absent from the group care of children. Partially enclosed units provide "protection" for three or four children and "cave-like" private spaces for one or two children.

The modified open space concept permits children to see a variety of play possibilities open to them, but provides them with enough closure for the child to feel protected from distraction. The space created has the following qualities:

> *provides for a range of activity spaces, sizes and shapes, including some for one to two children, for groups of four or five engaged in an activity and for gatherings of 14 to 16*
>
> *uses changes in floor levels, niches, activity pockets, fixed and movable shelves, cabinets and partitions - both full and half height - to define semi-open and semi-closed spaces*
>
> *uses sound-absorbent materials on floors and ceilings to lessen sound radiation*
>
> *has furniture, fixtures and low-height partitions so arranged that exits are clearly visible and unobstructed for safety*

In summary, the modified open space plan has the potential for excellent and convenient organization. Research has shown that when child care center space is well organized, it will have the following major characteristics.[3]

> *It will have sufficient empty space - not less than one-third or more than one-half of the play space - which can be used in a variety of ways.*
>
> *There will be a broad, easily visible path through the play area so that a child can see easily how to get from one area of interest to another without interfering with other children's activities.*

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[2]G. T. Moore, C. G. Lane, A. B. Hill, U. Cohen, & T. McGinty, *Recommendations For Child Care Centers* (Milwaukee: University of Wisconsin-Milwaukee, Center for Architecture and Urban Planning Research, 1979), Section 905.

[3]S. Kritchevsky, E. Prescott, & L. Walling, *Planning Environments For Young Children - Physical Space* (Washington, DC: National Association for the Education of Young Children, 1969), pp. 15-25.

Low dividers or other partial barriers assure ease of supervision by caregivers who can see what is going on in the room without having to walk through the room.

Storage units are placed efficiently so that both children and caregivers have convenient access to needed materials.

When space is well organized, places where child activity is likely to be unproductive or full of conflict can be eliminated, and the caregivers can tailor the available space to the changing interests and needs of the children. Perhaps the most important advantage of well-organized space is that the caregivers will have more time to observe and work with small groups and individuals rather than providing directed activities and managing child interactions which result from poorly organized or inadequate space.

The placement of equipment will determine how children and caregivers move from one place to another. For example, a major piece of equipment, like a slide, should be placed so that a child who has just finished sliding can see other interesting things to do in addition to going back up the slide. Also, equipment should be placed so that traffic flow does not interfere with activities that require concentration. A book corner is more likely to be used, for example, if it is out of the way of children playing noisily on a climber or tumbling mat. Block play is likely to maintain attention for a longer time if it is placed in an area away from interruption or major pathways.

Traffic patterns also should be planned with safety in mind. An area near swings should not be in a major pathway to another popular activity. If so, children using the pathway may get kicked. Sand play areas probably are best placed away from tricycle, wheeled-toy patios or other areas where it could be thrown on passing children.

The following is a checklist of important considerations in planning or evaluating your child care center's use of space. This list has been compiled from checklists in the *Child Environment* modules for caregivers prepared by the Military Child Care Project.[4] The "quality" features are those recommended by most recent literature in the field and by the design considerations suggested in the *Recommendations For Child Care Centers*[5] volume prepared for the Department of the Army.

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[4]M. Scavo, S. Riewald, & E. Diffendal, *Child Environment Series - Infant, Pretoddler, Toddler, Preschool, School-Age* (Washington, DC: Department of the Army, 1979-80).

[5]G. T. Moore, et al, *op. cit.*

ORGANIZING CENTER SPACE EFFECTIVELY - A CHECKLIST

Use the checklist below to help you look at and think about your center's play areas. Think about ways to provide areas and opportunities for play which your center may not have.

ORGANIZATION OF PLAY YARD

___ barrier-free environment for handicapped children

___ easy access to outdoors from all indoor play areas

___ variety of play spaces linked to each other, offering a wide choice of play areas

___ opportunities for children to see and play with children of different ages

___ some play areas attractive to older or more skilled children and some attractive to younger or less skilled children

___ bushes, shelters, porches or other barriers to protect play areas from winter winds and extreme summer suns

___ play structures spaced and located to avoid crowding and accidents

___ active play areas near each other and away from quiet play areas

___ low bushes, hills or other barriers to partly enclose play spaces

___ clear visibility into all areas of the play yard

___ convenient storage for outdoor equipment

___ play spaces for a variety of group sizes

- ___ boxes, tents or tunnels for one child to "get away"
- ___ tires, logs or bushes creating small areas for one to three children
- ___ open spaces for active or group play

___ opportunities for caregivers and children to change the size of areas by moving dividers, boards or tires

___ easy access to bathrooms

___ outdoor water source and drinking fountains

___ child-proof fences and gates

OUTDOOR ACTIVITY AREAS

___ paved play areas for trike paths, wide pathways and hard-surfaced areas for balls and games

___ open grassy or soft-surface play areas for tumbling, running or sitting

___ large play areas for climbers, logs, spools, slides, platforms, swings or other play units

___ play areas with "loose parts," such as boxes, tires, boards and blocks or other movable play structures

___ natural environment areas with native plants, trees, rocks, insects

___ special interest areas such as garden plots, fenced animal areas, outdoor water and sand play

___ small-group activity areas for books, music, arts and crafts

___ play areas at different levels - platforms, tunnels, large rocks, things to get in and under, behind and on top of

ORGANIZATION OF INDOOR SPACE

___ barrier-free environment for handicapped children

___ space for greeting parents and children near main entry

- ___ cubby/space for diaper bag
- ___ a place to hang coats

___ a variety of linked activity spaces offering a choice of active or quiet play

- ___ open space for large groups of from 8 to 16 children
- ___ small activity spaces for two to four children, plus a caregiver
- ___ "get away" or private spaces for one child

___ a variety of levels - ramps, low steps, lofts - creating indoor interest

___ clear pathways to exits and between different areas
___ all areas are spaced to prevent crowding and accidents
___ child-height storage and open shelves near play areas
___ out-of-reach storage for supplies, materials
___ hard and soft floor coverings in different play areas
___ crib/napping area and adequate storage
___ diapering/toileting area near main activity areas
___ eating area near kitchen
___ pleasant sick-bay which is easily supervised
___ child-sized "learning bathrooms"
___ small group eating clusters
___ after-school drop-in place separate from rest of center
___ infant/toddler space designed for their special needs

INDOOR ACTIVITY AREAS

___ areas in plain view of standing children
___ low play units for climbing and sliding
___ carpeted area for groups/active play/play units
___ a variety of toys on open, child-height shelves
___ nooks and crannies for toy "collections"
___ small-group resource-rich activity areas
  - ___ pretend play area
  - ___ puzzles and small toys
  - ___ book area
  - ___ blocks
  - ___ records and tapes
  - ___ nature collections
  - ___ arts and crafts
  - ___ musical instruments
  - ___ sand table
  - ___ water play
  - ___ cooking
  - ___ carpentry
  - ___ play dough
  - ___ magnets and science displays

___ different areas clearly marked by
  - ___ shelves
  - ___ floor levels at different heights
  - ___ ceiling heights
  - ___ low dividers
  - ___ colors
  - ___ floor coverings

ORGANIZATION OF SPACE FOR ADULTS

___ director's office visible and accessible to parents and main activity areas
___ appropriate areas for parent meetings and participation
___ locked storage for personal belongings of staff
___ place for staff to hang coats
___ staff area away from the sights and sounds of children
  - ___ window to outside
  - ___ adjustable heat/air conditioning
  - ___ comfortable chairs
  - ___ sofa or lounge
  - ___ table and work area
  - ___ sink, hot plate, refrigerator
  - ___ restroom regularly stocked with soap, towels and toilet paper
  - ___ caregiver supplies
  - ___ paper cutter
  - ___ child care resource books
  - ___ magazines
  - ___ snacks, beverages available
  - ___ telephone

___ convenient, closed indoor storage space
___ convenient, closed outdoor storage space
___ convenient, waist-high working surfaces
___ comfortable chair for holding child
___ easy access to cleaning supplies
___ food service convenient to kitchen or cart or trays used to reduce steps and simplify routines

MAKING THE CENTER LIVABLE FOR CHILDREN AND ADULTS

Children are very sensitive to their environments. Therefore, if it is your responsibility to create a center in which children will spend hours each day, use your imagination to its fullest to create a building atmosphere that is as non-institutional, safe and cheerful as possible. The following excellent suggestions have helped us to perk-up our facility. They were included in two recent books, *Creative Homes And Centers*[6] and *Recommendations For Child Care Centers.*[7]

The Entrance

The entrance of a center is a very important area, since children and parents will be parting company, and this can be made easier when the center entry has a warm and reassuring atmosphere. Use of "homey" elements such as a path to a sheltered front porch, carpeting, warm colors, low light level and sights of "familiar people" like the director or children at play will help. A partial glass or all-glass door with attractive decals lets in natural light and permits the children to see their friends playing inside. Once inside, a glass door makes them feel less shut in.

The Walls

Be creative in the use of walls. At child eye level, paint murals of all kinds, like nursery rhyme characters, an urban or rural scene and animals. A fort or playhouse back drop make interesting subjects for wall murals. If you are advised not to paint murals, be sure the walls are painted with a cheerful color. A darker color on the lower walls will disguise the dirt, while a lighter color on the upper walls will make your space seem larger. You also might consider fabrics as wall coverings. Vinyl, burlap or grass-cloth are long-lasting and can give the room a special feeling. Indian bedspreads or tie-dyed and batiked sheets can be hung from dowels to make partial dividers or can be tacked to the ceiling to form a canopy. In one center, batiked sheets dyed light blue with a moon and stars were hung from dowels to form dividers in a napping area. The effect was restful and cozy. Walls also can be used for storage and for display. Bulletin or cork boards, either bolted to the wall or suspended by ropes from the ceiling, are good spots for displaying the children's art or making other special displays. Pegboards can provide a good storage space for scissors, musical instruments, dress-up clothes, or art smocks. An easel attached to the wall can save four square feet of floor area. Open shelves or cabinets along the wall with spaces for children to put away toys saves floor space. In many centers there is not enough shelf space. Efficient use of shelf space can be encouraged by including various types of

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[6]V. Anixter, and A. Kuhn, "Creating Interior Spaces For Child Care" in *Creative Homes And Centers*, Vol. III in the series Child Care: A Comprehensive Guide edited by S. Auerbach, with J. A. Rivaldo (New York: Human Sciences Press, 1978), pp. 164-170.

[7]G. T. Moore, et al, *op. cit.*, Section 1003.

shelving, e.g., *inclined* to display books; *slotted* for sorting puzzles; *stepped* for ease in finding dolls or small toys that might go unused jumbled in a toy box; and *drawers* for blankets or paper or less frequently used items. Adult eye-level wall cabinets out of reach of the children can contain the equipment and materials that are breakable or used in special projects such as audiovisual equipment, science materials, records or craft supplies. A clothesline tacked to the wall for hanging children's paintings to dry is convenient and adds color to the room.

The Windows

Windows are important features in a center. They provide natural light and allow children to see the world outside. For this reason you will want to pay attention to both the inside and outside environment that children see through windows. Inside, you will find that sunny window sills are good places for potted plants or for a window box. They also are excellent spots for transparent objects such as prisms, colored cellophane or plastic stained glass. Shelves built below windows make good drying space for art projects. Large wooden storage chests with cushioned tops placed below windows make window seats, reading corners, or just quiet, get-away spots. Some terrariums or caged pets probably would benefit from a sunny spot, also.

You may or may not be in a position to do anything about the view from your center's windows. If you are on the ground floor and have a foot or two of soil beneath your window, you might consider a small rock garden in front of a very low divider to shut out a view of an asphalt parking lot, for example. If there are interesting, busy scenes outside, this will add interest for the children.

In covering the windows, drapes and curtains can be opened or closed by hand or with a simple pulley which the children can understand and use. Curtains or drapes also can soften the look of the room and make it more "homey." Shades, shutters or blinds are more fragile and complicated. If the sun pours through the windows, making the room hot, you will want a window covering that reflects the heat but lets the breeze come in. Also, in nap rooms or rooms used for showing films, a window covering which blocks out the light is desirable. If you have a problem with drafts you will want heavy insulating curtains. You will need screens for the windows in climates where insects are a problem. Windows also may need to be firmly screened or safeguarded with other devices to protect children from falls. However, screens should be detachable in case of fire.

The Ceilings

Ceilings can have some practical and decorative uses as well. A light covered ceiling gives height to the room and reflects light well. Some centers paint their ceilings with murals of the sun and the clouds, rockets, hot air balloons, flying carpets, airplanes or birds. Draped plants can be hung from permanent screw eyes or hooks on the ceiling. A broomstick or long dowel suspended by ropes can support a tent made of sheets that can't collapse.

The Floors

The floors of a child care center are perhaps the most important physical aspect. Children run, jump, rest, sit, play and fall on the floor. Everything imaginable is spilled on center floors, including glue, cookies, juice and paints. Furniture and toys are pushed across them and blocks fall on them. *Versatility* is the most important thing to consider when choosing center flooring.

Rugs, of course, are the most comfortable floor covering on which to lie and fall, and they also absorb the most noise. Unfortunately, they also absorb dirt and spills and are not as easy to clean as tile or linoleum. Good quality indoor-outdoor carpeting with heavy foam backing and stain repellants, however, is very versatile and can serve a center well. Smaller area rugs are good for quiet, small-group activities. Plastic drop-cloths beneath easels or water play areas, for example, make clean-up easier. Consider cushions, quilts, foam rubber covered with colorful fabric, large, movable wooden shapes covered with carpet or mattresses with colorful ticking as alternatives to rugs in different areas of the rooms. Gymnastics and roughhousing or small group story-telling and finger plays could be accommodated comfortably in small areas covered with these soft materials.

Linoleum and wood floors make good surfaces for ball bouncing, wheeled toys and dancing. They also are softer, warmer and less tiring to walk on than a cement floor, for instance. One good way to create different activity areas is through the use of colored tape or chalk lines on the floor. This is a particularly effective way to set aside different activity areas in a large multi-purpose room, for example. A large circle, a four-square area, a line of numbers put on the floor with tape or chalk can break-up and change use patterns at very little expense. Also, a floor painted a bright color in an otherwise dark or dreary room can make a big difference.

MAKING CENTERS LIVABLE AND SAFE - A CHECKLIST

LIVABILITY FEATURES

___ Center layout encourages small group clustering in semi-enclosed spaces.

___ The center environment is bright and cheery, including the paint on the walls.

___ Posters, decorations and pictures are large, colorful, simple and at child's eye level.

___ Center sound levels are controlled by the use of sound-absorbent materials in dividers, ceilings, walls and floors; low ceilings; small groups.

___ Lighting is directed at certain activities or areas and controlled to change moods.

___ Children are encouraged to experiment with toys and use them in more than one way as long as the activity is doing no harm to anyone.

___ Children can move and change things while they play.

___ The center feels "homelike" with curtains, plants and areas for comfort and getting away.

___ Play units can be used in more than one way.

SOFTNESS FEATURES[8]

___ rocker
___ stuffed chair
___ lawn swing
___ bean bag chair
___ large carpet or rug
___ floor cushions
___ grass
___ sandbox or sand area
___ soft animals
___ soft swing seats
___ finger paints
___ clay or play dough
___ mud
___ water added to sand
___ "lape"
___ dirt for digging

HEALTH AND SAFETY FEATURES

___ adequate natural and artificial light

___ shades to protect children's eyes against glare

___ low noise level to reduce stress

___ comfortable room temperature

___ adequate ventilation and absence of drafts, especially on floor

___ locked storage for toxic materials

___ covered electrical outlets

___ absence of poisonous plants in indoor and outdoor play areas

___ floors, walls and furniture that can be cleaned easily

___ smooth finishes with no rough, abrasive surfaces or parts that sliver

___ child-sized toileting and hand-washing facilities

___ controlled-temperature warm water

___ drinking water conveniently accessible to children at all times

___ shatter-proof glass

___ resilient outdoor and indoor play surfaces in areas near equipment where children are likely to fall

___ fences or natural barriers high enough to safeguard children and child-proof gates

___ slip-proof rugs on floors

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[8]These *soft* items are taken from Elizabeth Prescott's *Assessment of Child-Rearing Environments: An Ecological Approach*. California: Pacific Oaks College, 1975.

CHANGING YOUR CENTER LAYOUT

If you and your staff are in the process of evaluating or redesigning your indoor or outdoor play areas, consider the following planning checklist.[9]

Take inventory of your existing space, equipment and materials.

Decide upon the numbers and types of activity pockets or interest areas that you want based on

- program goals
- age and needs of the children
- square feet available
- equipment and materials
- creating developmentally appropriate and varied choices

Make a sketch or a drawing to scale on graph paper of one or more possible arrangements of the indoor play areas and/or the outdoor play yard.

- Consider the location of built-in fixtures, storage and furnishings
- Design interest areas including large activity spaces, spaces for small groups and private spaces for each age or developmental level in the center.
- Establish number of children/area limits.
- Define clear pathways and place activity areas and equipment such that children can see choices of things to do next.
- Locate similar kinds of activities together - quiet near quiet, active near active.
- Create different levels using lofts; create different sized enclosures using partial barriers.

Make careful long- and short-range plans for making or purchasing necessary equipment or materials to carry out the plan.

Rearrange space according to short-range plans.

Work with staff to develop a child observation plan to record children's responses to the new arrangement and a staff supervision plan to record problems/benefits of supervising the new arrangement.

Discuss problems and solutions with staff and make rearrangements as necessary and possible.

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[9]This checklist was adapted from S. D. Campbell, "Designing and Evaluating Space For Group Programs For Young Children" in *Day Care: Facilities And Equipment* (Canada: National Day Care Information Centre, Social Service Programs Branch, Health and Welfare), pp. 7-8.

Two of the best devices we have seen and used in our child care center for assessing the center environment are *The Day Care Environment Inventory*[10] and its companion piece, *The Day Care Environment Rating Scale*.[11] These inexpensive and comprehensive observation instruments are applicable to center settings for the care of children from infancy through five years of age. They are self-assessment tools with easy-to-understand instructions and have been designed to help directors and caregivers "take stock of" the environment they provide.

We strongly recommend that you read the series of *Child Environment Modules*[12] developed by the Military Child Care Project which addresses the process of creating center environments that are satisfying to both caregivers and children, from infancy through school-age. Also, we recommend that you read *Recommendations For Child Care Centers*[13] and *Recommendations For Child Play Areas*[14], which have been written specifically for persons responsible for the design of military child care centers.

SELECTING EQUIPMENT AND MATERIALS FOR THE CENTER

Equipping a child care center takes money, but it also takes imagination and resourcefulness. Some essentials must be purchased, but much of the equipment can be made or found in second-hand shops, military surplus stores or in someone's attic. In fact, the most valuable materials are often the least expensive, as they are the raw materials that can be used for many purposes. Sand, boards, water, corrugated cartons and tires can be used by a child alone, with other toys, by a group of children and in many different ways.

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[10] T. Harms, and L. Cross, *Environmental Provisions In Day Care* (Chapel Hill, North Carolina: Frank Porter Graham Child Development Center, University of North Carolina, 1977), pp. 43-53.

[11] T. Harms, and R. Clifford, *The Day Care Environment Rating Scale* (Chapel Hill, North Carolina: Frank Porter Graham Child Development Center, University of North Carolina, 1978).

[12] M. Scavo, S. Riewald, & E. Diffendal, *op. cit.*

[13] G. T. Moore, et al, *op. cit.*

[14] U. Cohen, A. B. Hill, C. G. Lane, & G. T. Moore, *Recommendations For Child Play Areas* (Milwaukee: University of Wisconsin-Milwaukee, Center For Architecture and Urban Planning Research, 1979).

Before purchasing any piece of equipment for your center ask yourself the following questions.

Is it flexible?

Is it durable?

Is it safe?

Selecting Equipment For Flexibility And Learning Opportunities

The authors of a three-year study of child care centers classified the contents or play units which could be found in centers into three major groups according to the variety of activities they invite children to explore or in terms of their potential for manipulation or alteration in some way by the children.[15] They classify center components into *simple units*, such as swings or tricycles which have one obvious use; *complex units* which involve two different play materials, such as a sandbox with digging equipment, water table with pouring cups or a climbing dome with a tarp thrown over it; and *super units* which add even more materials, such as water play in a sandbox with small boats. The *complex* and *super units* usually allow for more creative manipulation by children and permit use by more children at one time.

In general the more movable and versatile the equipment is, the longer it will remain interesting and stimulating to children. In particular, movable outdoor equipment always seems to be in short supply. Barrels, large hollow blocks or boxes, sawhorses, boards and tires offer many more learning opportunities than one large piece of stationary equipment such as a swing set and they cost less to provide.

Another aspect of flexibility is the range of developmental levels for which the piece of equipment is appropriate. Play equipment should provide a challenge to a child's developing capacities along with some experiences that can be mastered. A major piece of equipment should accommodate as many of the developmental levels in the center population as is possible. For example, it is preferable to select equipment a little too small for some of the children rather than too large, because the short body parts of small children limit their use of large equipment entirely, while large children can use low climbers, for example, in a variety of ways.

Selecting Equipment For Durability

Child care equipment can be made of metal, plastic or wood. It is the equipment designer's job to select from these materials those which he or she can use to the best advantage at the lowest possible cost. The material and manufacturing process that is chosen depends on the size of the market. For example, it is very expensive to tool plastic items, so plastic equipment often is available which appeals to a wider consumer market than just child care centers, although some larger equipment of plastic is available to centers.

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[15] S. Kritchevsky, E. Prescott, & L. Walling, *op. cit.*, pp. 10-12.

Indoor equipment generally falls into the categories of furniture, play equipment and toys. This equipment most frequently is made of wood, although plastic also is available.

Metal and wood-working equipment is more versatile and can produce fewer items inexpensively. Heavy metal and large wood equipment items frequently are found in permanent outdoor equipment. However, an important consideration is the relative durability and maintenance requirements of the equipment purchased. Although wood equipment tends to provide a warmer feeling, it has to be sanded and varnished every year to keep it smooth, and such equipment must be kept under cover at night. This equipment must be made of hard wood that is stronger and less apt to splinter if it is to be cost effective. Maintenance of galvanized metal equipment is minimal, although areas of wear such as chains and hinges should be checked once a month and pivot parts should be greased or oiled to reduce friction and noise.

Selecting Equipment And Furniture With Safety In Mind

Each item being considered for purchase or construction must be given consideration individually to determine whether or not it is safe. There are at least two aspects to the consideration of safety. The first is the potential hazard of some aspect of the equipment itself, e.g., is it designed with sharp edges or protruding parts; is it easily tipped or does it splinter? The second major area is the question of safety from a developmental readiness point of view. There are very few things with which a child could not have an accident of some sort. The sensitivity of the director, the developmental capacities of the children and the supervisory attention possible by the staff should help in selecting equipment that presents challenges but has limited risks.

A concern for safety on any large equipment - inside or outside - is a must. Far too many serious injuries resulting in permanent impairment and even death occur each year on large equipment that was either unsafe in its construction, improperly installed or inadequately supervised.

Selecting Safe And Appropriate Toys

Toy safety is as important as safety in furniture and equipment. For infants to children two years of age, avoid toys which are small enough to be swallowed or lodged in the throat or which have parts which can be removed and swallowed. Do not buy flammable items, toys with toxic paint or finish and stuffed animals with glass or button eyes. Smooth-surfaced stuffed animals, large, soft balls, large blocks with rounded corners and sturdy push-pull toys are best. For two to three year olds avoid toys with sharp edges, removable parts, toxic paint and flammable materials. Marbles, beads and coins also are dangerous. Sturdy cars and trucks, wooden animals which are free from splinters and large pegboards are good choices. When children reach three to five years of age, you still want to watch for sharp edges, flammable materials and toxic substances which might be an ingredient in finger paints, crayons and other art supplies. Electrical toys are not appropriate for this age either. Wooden trains, building blocks, dolls, blackboards, paints and the like are excellent if the basic safety features are followed. For 6 to 12 year olds, approved electrical toys with adequate

adult supervision can be allowed. Hobby materials and well constructed sports equipment are fine. Construction sets and carpenter benches with light-weight tools for younger children are suitable. None of these items should ever be used without adult supervision. Avoid shooting toys like rifles and dart games. Electrical toys which do not bear the UL label are unsafe.

For many useful safety suggestions on children's play equipment, write to the U.S. Product Safety Commission, 5401 Wesbard Avenue, Wahington, DC 20207.

Installing And Supervising Equipment Safely

Correctly planning and installing equipment is essential if accidents are to be curtailed. *Never put equipment* like swings, slides, and climbers *over hard surfaces.* They should be *at least* six feet from obstructions such as fences or walls. Be sure the trike path and other foot traffic patterns are away from swings and similar, large-moving objects. *Check* regularly to be sure *nuts and bolts* are tight and are not rusty. Replace any which need replacing. All *rusted or roughened surfaces* showing signs of wear *should be sanded* smooth and refinished. Check for *chain and rope wear.* Watch for *wobbly wheels, loose handlebars,* and *cracking metal or wood.*

The use of any piece of equipment only will be as safe as you and your staff make it. Even when things are selected carefully, installed and maintained, *proper supervision and use of equipment is essential.* Be sure there are plenty of adults on hand to supervise each area. They must not only know the rules of safe play on each piece of equipment, but must understand the necessity of enforcing those rules to the letter. All it takes is one exception to the rule and that mistake could result in the loss of a life.

Teach children how to use large equipment safely. Allow no rough play around the playground - no shoving, pushing or fighting. Children need to learn to sit in the center of the swing seat, to slide down the slide and climb up the ladder and to follow the direction of the trike path. They should understand that too many children on a piece of equipment at one time is unsafe. Only one child on a swing seat, one sliding down at one time or two on a seesaw are rules which must be obeyed.

Planning Ahead For Equipment Purchase

Buying equipment is only one expense in your center's budget. After the staff has been paid and food and consumable supplies have been purchased, you may have something left for that "special" purchase. Since equipment is not inexpensive, be a smart consumer and plan ahead for the really essential and most versatile types of equipment and materials.

SELECTING EQUIPMENT FOR CENTERS - A CHECKLIST

GENERAL SAFETY FEATURES

___ smooth finish - no sharp points or slivers

___ no small, loose parts

___ no lead-based paints

___ does not tip easily

___ lightweight, sturdy swing seats

___ good quality wheels securely attached and free moving

___ no exposed bolts or screws or protruding parts

___ no open-ended hooks, like S hooks

___ no moving parts that could crush or pinch fingers

___ legs of large equipment securely anchored in the ground with no slack in cables or chains

___ edges that are rounded and smooth

QUALITY AND DURABILITY FEATURES

Metal Play Equipment

___ welded metal joints rather than bolt-and-nut assembly

___ low-maintenance galvanized finish rather than paint

___ all metal edges folded over or curved to prevent cuts

___ thick materials used in construction to assure durability

___ braces and supports to improve structurally weak areas

Wooden Play Equipment

___ wooden equipment with metal accessories mounted securely with galvanized fasteners

___ smooth finish, no sharp points or slivers

___ edges rounded and smooth

___ maple and birch used for strength, dent and crack resistant

___ straight grain, absence of knotholes

___ birch veneer plywood used for dent resistance and hardness

___ pressewood core plywoods used only for light shelving

___ pegboard and masonite painted to improve appearance

___ no simple overlapping wooden joints which warp and give in to stress

___ waterproof, durable, protective covering such as polyurethane on surfaces

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[16]Adapted from D. Johnston, "The Role Of Indoor And Outdoor Equipment In Preschools" in *Day Care: Facilities And Equipment* (Canada: National Day Care Information Centre, Social Service Program Branch, Health And Welfare), pp. 8-9.

One of the most helpful lists of purchasing guidelines we have seen and used to set priorities for equipment purchase and to assure getting the most useful items at the best price was developed by the owner/director of a center in Michigan.[17] It is quoted below:

Gather catalogues and other sources of materials.

Review sources and record all possible purchases on 3 x 5 cards, one card per possible purchase.

Evaluate potential purchases for their safety. Items to consider are material content for combustion level, toxicity, breakability, pointed or protruding parts, detachable parts, general construction and ability to be cleaned.

Sort cards into various categories to determine flexibility of materials from one category to another, balance of materials in different program areas such as sensory, art, cognitively oriented, etc.

Compare similar items from various manufacturers in catalogues and local retail or discount establishments. Evaluate safety features, quality, convenience and cost, and note observations on the backs of cards.

Select the most important materials from "3" above, given the constraints of money, program, staff desires, etc.

Indicate choices by marking the appropriate 3 x 5 cards with an obvious mark, such as a red line across the top of the card, to help in further sorting.

Retain unmarked 3 x 5 cards for future purchasing considerations.

Transfer information on 3 x 5 cards to order sheets and then to inventory cards when received.

Cross reference purchase order numbers, accounting system records, inventory cards and receipt envelopes for easy referencing.

If you are just furnishing or equipping your center for the first time, there are many good sources of information for what to include in your basic supply closet and the kinds and numbers of play items and furnishings adequate for certain numbers of children. One of the most useful sources is the inexpensive booklet, *Selecting Educational Equipment And Materials*, published by the Association for Childhood International, 3615 Wisconsin Avenue, NW, Washington, DC 20016, in 1976.

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[17] J. Miller, "Purchasing Guidelines," in P. G. Axelrod and E. P. Buch, *Preschool And Child Care Administration* (Ann Arbor, Michigan: School of Education, The University of Michigan, 1974), p. D-15.

Any environment that is used by a lot of children is subject to wear and tear. Upkeep and maintenance of a child care center is a continuing management responsibility of the center director. It takes time and careful record-keeping to accomplish *preventive maintenance* - that is maintenance that is performed on a regular basis to extend the life and reduce or eliminate major damage or emergency breakdowns of equipment or a facility.

While a center may have a number of people involved in maintenance, the center director usually has the job of checking the equipment and building to see that they are, in fact, in good shape. The director also may have to tighten a few bolts on tricycles, replace a nail or screw, apply a little oil, unplug a sink or do a little painting in the course of the day. At least it is the director's responsibility for these jobs, and, if there is a capable custodian, so much the better. A good rule of thumb for a center director to follow is "Always keep your eyes and ears open and never get too busy to apply a drop of oil to that little squeak or a screw driver to a loose screw."

Setting Aside Time

Center directors have a difficult problem trying to find the best time to repair and clean the center. When your center is open five or six days a week and, like some, during the evenings, very little painting, minor remodeling or heavy cleaning can be worked in. If the child care areas also are used for napping and meals, there are no breaks in the day for staff to spend in extra tasks. The same is true for play yard space. When children use the play yard daily, it is difficult to find time to reseed grassy areas or resurface and reorganize play spaces.

It also is difficult to find time for extra cleaning tasks in a center. When do storage closets get inventoried and cleaned? When does chipped wooden furniture get sanded and refinished?

At our center we have found that there are certain times of the day, days of the week or weeks of the month when child attendance is lower than average. For example, we know from records that have been kept that during the Monday through Thursday evening operation there usually will be fewer children receiving care than on Friday or Saturday evenings. We also know that fewer children tend to be in the center from approximately the 20th to the 27th of each month. Therefore, we take advantage of these times to perform the necessary chores. If attendance is low, it is relatively simple to move a small group of children to another section of the center.

Scheduling

Long range maintenance requires planning. A long range schedule should be prepared for tasks such as painting outside and inside, resurfacing floors, recarpeting, maintenance of the heating system or repairing equipment. When these preventive maintenance tasks are anticipated, it will be possible to budget for the expense rather than find yourself facing a large emergency repair outlay of money.

We have found it both helpful and cost-effective to design a calendar for preventive maintenance. Otherwise, these measures are forgotten too easily and simply don't get done.

Three factors must be considered to facilitate a successful preventive maintenance program.

Be aware of what you have.

Inspect periodically what you have.

Make necessary repairs or replacements early.

Because child care centers on military installations operate in government owned buildings, a facilities engineering agency on your installation is responsible for maintenance of your facility. So there are some preventive measures that are not actually the director's responsibility. These measures probably include such things as

maintaining the heating/cooling system
maintaining and repairing roofs
inspecting and maintaining wiring
repairing asphalt and concrete
mowing lawns
checking fire extinguishers

It is wise to *inquire about their schedule* for preventive maintenance measures *and* to *include these measures on the center's preventive maintenance calendar*. By doing so, you can anticipate when service representatives may be in the center. In addition, if you are aware of their schedule, and for some reason they don't arrive, you can make an inquiry about it. It is better by far to ask in August if the heating system is operational than to wait until the first cold winter morning and learn that the center has no heat.

Your center's preventive maintenance calendar can be set up according to the months of the year. Because each center has individual needs, we only can generalize here, but the following schedule may give you some ideas for designing your own calendar. As you will note, we chose to design our calendar according to the various areas or sections of the facility. This seemed most convenient for us. However, one also might design a preventive maintenance calendar according to types of equipment, e.g., chairs, tables, beds/cribs, dividers, windows/screens, etc.

JANUARY	FEBRUARY	MARCH	APRIL
Infant Section Store and buy "on-sale" holiday decorations	Pretoddler Section Check summer maintenance supplies	Play Yards Collect checklist forms for repairs/replacements from staff	Toddler Section Commercially clean and sanitize all carpeting
MAY	**JUNE**	**JULY**	**AUGUST**
chool-Age Section	Preschool Section Collect checklist forms for repairs/replacements from staff	Staff Lounge	Kitchen and Laundry Check winter maintenance supplies
SEPTEMBER	**OCTOBER**	**NOVEMBER**	**DECEMBER**
Offices Collect checklist forms for repairs/replacements from staff	Entry/Reception Area, Isolation Room, and Halls	Library and Multi-Purpose Activity Room	Nap Room; Supply Storage; Custodial Closet Collect checklist forms for repairs/replacements from staff

Obviously, this does not mean that each area of the building is checked only once a year. The caregivers working in each section must monitor the condition of the section constantly and report any irregularities when they are noted. They are responsible for removing hazardous equipment in need of repair and/or not using equipment until all irregularities have been corrected. In addition, they complete and submit a one-page checklist every three months indicating repairs and replacements needed in their sections. (This form can be found on page 77 of *Financial Planning For Military Child Care Centers*.)

However, the preventive maintenance calendar does insure that each section of the center is checked *thoroughly* at least once a year. The annual preventive maintenance measures include inspecting, cleaning and repairing the area or section and everything in it - from walls, windows, floors and doors to furniture, fixtures, toys and equipment. Through the use of a preventive maintenance calendar and pre-planning, you are able to project and apportion the use of both money and time. In addition, by dividing the center into pieces or sections, the necessary preventive measures do not seem so overwhelming.

Keeping Records

As the sample inventory forms and discussion included in *Financial Planning For Military Child Care Centers* in this Administrative Guidebook suggest, adequate records provide the basis for the type of preventive upkeep which is the most cost effective.

Staffing Maintenance Activities

A second problem faced by center directors in managing center upkeep is who will do the work? How much should caregivers be required to do? What are the responsibilities of a center custodian?

The first step in maintaining an orderly environment is making your staff aware of its importance. Many caregivers think that it is a waste of time and unnecessary to keep a child's play environment orderly. As the director, you may want to demonstrate the effect that different environments have upon the children in the center. For example, you can show caregivers that in a messy room with toys strewn about, children do not play constructively. Children do, on the other hand, become involved in play again when toys are cleaned up and clear play space is available.[18]

Next you will have to decide what needs doing and who should do what. If caregivers are to be expected to clean, this should be included in their job descriptions. They should know from the beginning what types of center clean-up responsibilities they will have.

You can allow the children to be involved in clean-up if you show them how to use a broom and dustpan and sponge, how to make warm, soapy water and where to find paper towels and rags. Children should not be made to feel like visitors in what is actually their home-away-from-home. If they are not permitted to help with clean-up, they cannot be expected to understand what is involved and to learn to treat their surroundings with respect.

You will need to establish a schedule for cleaning so that all of the necessary tasks can be accomplished regularly. In some cases, caregivers may rotate responsibility, for example, for cleaning-up after meals or snacks. Some jobs, such as cleaning shelves or inventorying supplies, could be done by scheduling caregivers to work an extra hour once a month when there are no children in the center. For the big jobs - such as scrubbing floors, bathroom maintenance and washing walls - you probably will involve custodial service. Depending on the size of your center, usually two to four times a week is adequate for this type of maintenance. Since this work is done at night when the center is closed, you must pay attention to the thoroughness of the work yourself. The service persons should have a list of the tasks which should be completed so there is no question of responsibilities.

For a major effort, you also might want to have a general "clean-up party" enlisting the aid of parents and units on your installation as well as the staff and older children. The center should not be in operation during such an effort. Because hard work creates hungry people, it can be fun to combine a clean-up party with a potluck dinner or a barbecue. Many necessary tasks can be accomplished through such an effort, but it does require careful

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[18]P. Click, *Administration Of Schools For Young Children* (New York: Delmar Publishers, 1975), p. 80.

planning and organization to be successful - especially if a large group of people is involved. However, the results will be well worth the effort.

Anticipating Emergencies

A list of resources such as the plumber, fire department, military police department or repair services and their phone numbers should be kept available by the phone in case of emergency.

In addition, the director should be familiar with the on-off control locations and basic operation of all the center's major systems, including the fire alarm system, water or gas supply, electrical box. Coping with emergencies will be much easier when you are prepared.

All operating manuals and warranties should be filed for emergency repairs as well as for later reference. The file on each piece of equipment should include the date and place of purchase, name and phone number of repair shop, dates of cleaning or repairs and specifications of repairs made.

READING MORE ABOUT IT

The following suggested readings are those which we have used ourselves and which we have found to be the most useful on this topic. If you want to include other resources on your bookshelf, these would be good additions:

Auerbach, S. (Ed.) with Rivaldo, J. *Creative homes and centers*. New York: Human Sciences Press, 1978.

Butler, A. *Early childhood education: Planning and administering programs*. New York: D. Van Nostrand Publishing Company, 1974.

Cherry, C., Harkness, B., & Kuzma, K. *Nursery school and day care center management guide*. California: Fearon-Pitman Publishers, Inc., 1978.

Cohen, M. D. (Ed.). *Selecting educational equipment and materials for school and home*. Washington, DC: Association for Childhood Education International, 1976.

Cohen, U., Hill, A. B., Lane, C. G., & Moore, G. T. *Recommendations for child play areas*. Milwaukee: University of Wisconsin-Milwaukee, Center for Architecture and Urban Planning Research, 1979.

Day care: Facilities and equipment. National Day Care Information Centre, Social Service Programs Branch, Health and Welfare Canada, Ottawa, Ontario.

Evans, E., Shub, B., & Weinstein, M. *Day care: How to plan, develop, and operate a day care center*. Boston: Beacon Press, 1971.

Harms, T., & Cross, L. *Environmental provisions in day care*. Chapel Hill, North Carolina: Frank Porter Graham Child Development Center, University of North Carolina, 1977.

Kritchevsky, S., Prescott, E., & Walling, L. *Planning environments for young children - Physical space*. Washington, DC: National Association for the Education of Young Children, 1969.

Moore, G. T., Lane, C. G., Hill, A. B., Cohen, U., & McGinty, T. *Recommendations for child care centers*. Milwaukee: University of Wisconsin-Milwaukee, Center for Architecture and Urban Planning Research, 1979.

Prescott, E., Jones, E., Kritchevsky, S., Milich, C., & Haselhoef, E. *Assessment of child-rearing environments: An ecological approach*. Pasadena, California: Pacific Oaks College, 1975.

Scavo, M., Riewald, S., & Diffendal, E. *Child environment series - Infant, Pretoddler, Toddler, Preschool, School-age*. Washington, DC: U.S. Department of the Army, 1979-80.

DEVELOPING ADMISSION POLICIES AND PROCEDURES

Choosing to trust a young child to someone else's care can be a difficult and emotion-filled decision. Few parents who find themselves in need of child care outside of the home have any specific guidelines to help them judge the appropriateness of a particular center for their child's needs. A very important part of child care center management is the responsibility for developing admission policies and maintaining a smooth process which ensures that both the center and the child's family know enough about each other to assure the best care for the child.

CONSIDERING THE NEEDS OF CENTER USERS

The range of child care possibilities available to parents varies from community to community. Whatever the reality of the situation, it certainly is most important that both the parents or guardians and the child care professionals do all that is possible to assure that each child receives the best care possible. It is for this reason that a center's enrollment or admission procedures should be well-thought out and discussed with parents who are considering using the center.

Child care really serves two different clientele - it offers a convenience or service to parents who may work or have other commitments outside the home or who need respite from their child-rearing responsibilities for emotional or other reasons. It offers new experiences and a caring environment away from home for children. When considering the development of a center's policies, both of these clientele should be considered, and information shared during the admissions process should cover both of their interests. For example, for the parents to understand whether or how the center can meet their own needs, the following kinds of information must be available to them:

center fees, payment schedules and penalties for late pick-up

center hours, days per week, evenings, overnight

types of care offered - full time, part time, drop-in

ages of children served

meal and snack arrangements

opportunities or requirements for parents to participate

center policies on bringing sick children for care, disciplining children

Further, in order for parents to assess how well the center can meet their children's needs, they would need information such as:

the center's objectives and philosophy

the "feel" of the center gained from a tour

the kinds of staff hired and staff training provided

center policies on napping and eating

supportive services offered by the center

ability to accommodate certain health problems, administer medicine or provide special duties

As the director, you will want to know the parents' or guardians' needs and their objectives for the child, as well as the child's ability or readiness to participate in the kind of situation offered by the center.

The decision about whether or not to enroll the child at the center may not be made on the first visit. Opportunities should be made available for the parent and the child to talk with you and visit the center until they feel comfortable with the situation.

ASSURING FAIR ADMISSION POLICIES

Eligibility for the use of the child care center on a military installation usually is open to the dependents of active and retired servicemembers and, sometimes, to the dependents or civilian personnel working on the installation if center space is adequate. Admission is on a first-come, first-served basis unless the center has some rationale for special admission categories. For example, if a center has limited space, a sibling of a child already in the center may be given priority over another applicant so that the needs of the *families* of enrolled children can be given priority. *Whenever a child is refused admission for any reason, the center staff should be sure that the reason is legal.* Decisions not to admit a child which could be justified would include the age of the child - too old or too young; hours of care that do not fit the parent or guardian's needs; or the inability of the family or an outside agency to pay fees.

A note is important here about admission policies related to children with special needs. The history of child care and schooling for children with handicapping conditions has, for the most part, been specialized care or neglect which has resulted in isolating children with special needs from the mainstream of society and childhood. Recently, however, there has been a movement to incorporate these children as much as possible into the *normal* experiences offered to other children.

However, neither the desirability of including children with special needs nor this recent movement necessarily prepares a center to do a good job. Those centers which have incorporated children with special needs successfully, have done so primarily by adopting a center-wide philosophy that each child and staff member is an individual and needs the freedom to be. One successful center that enrolls up to 25 percent of its capacity with children with special needs has found that paraprofessional staff members, with no special training other than an understanding of what is required by an individual child, are more comfortable with the mixture of handicapped and normal children than the paraprofessionals who bring with them more fears about caring for children who are different. The experiences we have had caring for handicapped children also confirms this. Like this center, we also have found that, in general, things that work with an ordinary child work with a child with special needs, only you have to think about them a little more. Children, of course, are curious about differences and, once understood, they

learn quickly to help the handicapped child with things that need help and to play together on the basis of interests, not physical or emotional traits.

SPECIFYING REQUIREMENTS FOR ADMISSION

Health-Related Admission Requirements

Every center must have health-related admission requirements or policies which dictate what information must be provided and by whom before a child is admitted. Minimally, you must have a *statement of consent* authorizing the center to secure emergency medical treatment for the child if the parent or guardian cannot be reached. Frequently this emergency treatment consent form is combined on the same form with basic health information, including dates and types of immunizations which the child has received. Centers often use the back and front of a 5 x 7 card which includes, in addition to the information discussed above:

names of parents, addresses and phone numbers

name and home numbers of child's physician, nurse or hospital

other person who could be notified in parent's absence

child's date of birth

allergies, medical problems or special needs

These forms should be developed in cooperation with your installation medical and legal authorities. A space must be provided for the parent's signature and the date. If medical records at the hospital on your installation are stored by social security number, a space also must be provided on the form for the number. A Privacy Act statement is required on forms such as these. For example:

> *PRIVACY ACT OF 1974: Authority Title 10 USC 3012. This information is needed to provide assistance to you and your dependent. Disclosure is voluntary. Failure to complete form will preclude assistance.*

When completed by the parents, the forms can be filed in the child care center, readily accessible for retrieval by authorized personnel *only* when required. Frequent updating of the forms is necessary for infants who receive immunizations regularly during the first 18 months of life. In addition, the forms for all children should be updated or renewed at least once a year.

Health history or physician's statement. A health form which provides information regarding illnesses and diseases the child may have or have had, special needs and the child's general health habits can be most valuable. Some centers find it useful to obtain and file a statement of health signed by the child's physician who assesses each child's ability to participate in center activities and makes notations of any special health needs.

Other personal information. Some centers, particularly those which serve the same children on a regular basis, will keep on file some information on the child's background, habits and skill levels. Information of this sort available to caregivers can assure greater continuity in the way that a child is treated at home and at the center.

For example, at our center, the following form is kept in the infant and pretoddler sections for caregivers' use. Basic information on the eating and sleeping habits and other notable behaviors can be very helpful to caregivers.

CHILD'S NAME _____ Birthdate _____

In our child care center, we want to make your child as comfortable and as happy as possible. Please help us by telling us about your child.

EATING HABITS:

Does your child use: a bottle _____ cup _____ breastfed _____

Is s/he on: regular milk _____ formula ____ If so, what kind _____

How often does your child take: a bottle _____ milk _____ juice ____

Is s/he allergic to any juice or food _____ Can s/he hold a bottle _____

Does s/he self-feed _____ with help _____ eat solid foods _____

eat table foods _____

What time does s/he usually eat: breakfast _____ lunch _____
dinner _____ snacks _____

Should your child be awakened for feeding _____ yes _____ no

SLEEP:

Does your child take a nap ___ What is the general schedule _____

_____ _____ _____

Is your child a heavy sleeper _____ easily awakened _____

Is your child accustomed to being held or rocked to sleep _____

OTHER:

Is your child allergic to disposable diapers _____

Does s/he get loose bowels often for reasons such as teething, etc. _____

Does s/he turn over _____ pull up _____ crawl _____ stand ____ walk___

Does s/he climb out of cribs _____

Is there a favorite toy or blanket necessary for sleep? _____

Is there anything else we should know to make your child's stay as pleasant as possible? _____

_____

Thank you!

Your signature _____ Today's Date _____

Some centers request, but do not insist that, parents prepare an even more extensive background/personal information form on all enrolled children. Some of the kinds of questions which may be included on such a form include:[1]

CHILDREN'S BEHAVIOR PATTERNS AND HABITS

What is your child's favorite toy? ____ book? ____ pet? ____ person?

Does your child have any particular mannerisms or habits such as nail biting, thumbsucking, needs a special blanket in order to sleep? Please describe.

Does your child have any particular fears, such as of dogs, of sirens?

Does he or she have nightmares? Please describe.

Does your child use any special words or expressions, such as "wee wee" for urine, which may not be understood by a caregiver? Please describe.

In general, how does your child react to anxiety or stressful situations? Does he or she cry, withdraw, have tantrums?

Has your child had any previous child care or play-group experiences?

Does your child relate easily to other children? Does she/he seek friendships easily or prefer to be alone?

Has your child had the experience of being cared for by adults other than members of your family? Please describe.

What is your accustomed way to reassure and reward your child?

What is your accustomed mode of showing disapproval of your child's behavior?

What is your philosophy of "discipline"?

Does your child speak English? Any other language?

Do you consider your child talkative, quiet or average?

To the best of your knowledge does your child have any language problems or learning disabilities?

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[1]Adapted from E. Evans, B. Shub, and M. Weinstein, *Day Care: How To Plan, Develop, And Operate A Day Care Center* (Boston: Beacon Press, 1971), pp. 308-311.

Does your child have any emotional disturbances or physical handicaps? Please describe.

FAMILY BACKGROUND

Father's occupation _____

Mother's occupation _____

What is the language predominantly spoken in the home?
Please list the names, relationship and ages of all brothers, sisters and other members of your child's usual household.

Have there been any major changes recently in the family structure, such as divorce or death?

Have there been any difficulties or crises in your family that may have affected the emotional well-being of your child, such as accidents, medical problems, temporary separations?

How would you describe your child's role in the family? Is the child the "good little sister," the "troublemaker," the "one who gets spoiled"?

SELF-CARE AND RELATED INFORMATION FOR CHILDREN WITH HANDICAPPING CONDITIONS

Can your child dress him/herself?

How much and what type of help is needed?

Does your child use any special appliances? (wheelchair, braces, hearing aids, etc.)

Does your child need help with toileting?

Describe toileting schedule or any special equipment or procedures for toileting.

Are there any special words associated with toileting?

Can your child wash his/her hands? Explain procedure.

Does your child have any skin allergies or allergies to food?

Does she/he require or prefer a special diet?

If an adolescent female, does your child menstruate? Does she need help?

How mobile is your child?

How much supervision is required?

Does your child have speech?

Does he/she understand language?

Are there any time limitations when she/he participates in activities?

Whatever information you require or recommend keeping at the center, you should bear in mind that the relationship between the center and a child's home is a very important one. Each caregiver should understand the center's philosophy of child care and center policies, and should be aware of the important information about each child for whom care is provided. On the other hand, each parent should be made aware of the center's philosophy and why information about the child's background and health can help the center do a better job.

SOLVING POLICY-RELATED PROBLEMS

An important and sometimes difficult aspect of the center director's responsibility is handling parent requests for exceptions to center policies or discussing the possibility of withdrawing or not admitting a child whose best interests may not be served by your center. Admission and operational policies are developed to assure that the center's philosophy of child care and the requirements for safe and financially solvent operations are met. At times, one set of policies may not meet the varied needs and values of the individual families and children using the center. It is in situations such as these that the center director must act as interpreter of center policies and must work out the best solution possible with parents.

In *The "Caring" Role In A Child Care Center*, the first staff development module produced by the Military Child Care Project, an entire section of the module was devoted to *Relating To Parents*. The purpose of this section was to give caregivers an opportunity to think through some of the kinds of situations which may need to be referred to the director for final decision. Consider the following kinds of situations which have occurred in our center and which usually require the center director and parents to work out the solutions together. First, think about how you would handle the situation, then take a look at our viewpoint. The point that is important here is that you must be prepared to defend or explain your center's policies and to use good judgment in handling situations involving parents and their children.

Situation A - The mother of Sarah, a physically small, very intelligent five year old, requests an appointment with you. During your meeting you learn that the mother would like Sarah to receive occasional drop-in care during the day-time hours in your center, but that Sarah has a physical handicap which makes control of toileting impossible for her. Therefore, she must wear diapers. Although you think it's important to include handicapped children, you are concerned that the five-year-old section has no facilities for diapering and worried about the possible negative reactions of the other children. What can you do?

Our Viewpoint On Situation A. For any handicapping condition, it is important that you learn everything possible about the particular handicap. Talk to the mother fully about what you can expect and the child's possible reaction. In some cases, it is wise for you and the parent to observe the child interacting with other children in the center. It also is helpful to discuss any special needs with the child's pediatrician. In this situation, we had two practical options: we could accept Sarah, assigning her to receive care in the two-year-old section, where diaper-changing facilities were available; or, we could have Sarah stay with her peers and make an extra effort to provide the care she required to make our program more meaningful to her. We chose the latter. Even though she was a physically small child, it would have been unfortunate to place Sarah with two year olds simply because it would have been more convenient for the staff. Sarah was an intelligent five year old and needed to be with her peers. With just a little extra effort, we were able to check Sarah's diaper regularly and take her to a nearby section of the center for changing diapers. This process was managed easily during the day-time operation of the center by using the "helping hands" of volunteers when any were present, the cook, or administrative staff for the brief period of time that was required. Because her diapers were checked frequently and inconspicuously and because Sarah received only occasional care in the center, the other children never were aware of her special need.

Situation B - Johnny, a 16-month-old child, occasionally has bitten another child in the child care center. At the time the biting first started, you met with his caregiver to discuss methods of dealing with his biting. (Methods are recommended in the staff development modules Caring For Pretoddlers *and* Caring For Toddlers*). At the same time you discussed your concerns about the biting incidents with Johnny's parents. Recently, however, Johnny has bitten an increasing number of children daily and the bites are more severe, even breaking through the skin of one child. The other children and their parents are upset. What can you do?*

Our Viewpoint On Situation B. Although biting often is a passing phase, it cannot be ignored especially if it is causing real physical harm to other children. If it persists and becomes a real problem, as it has in this situation, our solution with a child this age has been to suspend the child as soon as possible from receiving care in the center for a week or two. It has been our experience that removing a child of this age from "the scene of his crime" - so to speak - for a period of time will help him to quit biting. When he returns to the center, he most likely will have forgotten about, or outgrown, biting. However, if the child is biting at home, as well as in the center, special help or more time may be needed. If the parents have been alerted to the possibility that the child might have to be removed from the center if the biting persists, they generally can make other arrangements if necessary. Note that it is very important to alert the parents *in advance*. Give them two or three days to make other child care arrangements. When they realize this action is in the best interest of not only their child but also of other children, they usually are cooperative. If they are not, it may be necessary to remind them that on a military installation parents are responsible for the actions of their children.

Situation C - Captain Garrett, the father of Steven, age 8, and Bobby, 2 years of age, insists that the two boys must remain together when they receive occasional care in the center. It is the policy of your center to group children according to their age or developmental level. However, in past situations you also have permitted siblings to remain together; but, usually the older child stays in the young child's section. Captain Garrett indicates that Steven is bored when he must stay with all two-year-old children and he demands that Bobby, his two year old, be allowed to receive care with the school-age children. What can you do?

Our Viewpoint On Situation C. Each situation of this nature, indeed all exceptions to policies, must be evaluated on an individual basis. If the two year old is a physically large child and is accustomed to playing with his older brother and other older children, it might be worthwhile observing Bobby with school-age children. Meeting the needs of families and maintaining good relations with parents are important parts of your position. But, do reserve the right to move the child to his peer group if you deem it to be in his best interest. If, however, the two year old is small in stature and has been quite protected throughout his life, you may have to insist that your stated policies remain in effect. Explain the reasons for the policy: a two year old easily could be hurt with a group of school-age children; the toys and equipment for the older children are not interesting for a very young child; there are no diaper-changing facilities in the school-age section; or, it is unfair to both children when they are forced to receive care that is not appropriate to their individual needs. In addition, you might recommend that the father allow the boys the independence of receiving care in different sections of the center - assure him that you will observe both children and make certain their needs are being met.

Situation D - Mr. and Mrs. Jackson are new arrivals on your installation and visit the child care center to discuss the program. You inform them of the admission requirements which include childhood immunizations. They request that the immunization requirement be waived for their four year old because it is in conflict with their religious beliefs. What should you do?

Our Viewpoint On Situation D. It is recommended that this request be cleared through the medical and legal officials on your installation. It generally has been our policy to accept the child after discussing fully the implications of the situation: if all other children in the center are immunized, it is *their* child who is facing a potentially dangerous exposure to disease. And, for the child's protection, we do reserve the right to refuse care for the child during any outbreak of any disease reaching epidemic proportion.

Situation E - Missy is a very active four year old who has trouble sharing toys. When she doesn't get her own way, her first reaction is to hit, kick, push or punch other children. Consequently, Missy often is removed from the rest of the children and made to sit in a "time-out" chair for a while. Her parents have been informed of these actions by her caregivers. Because Missy's behavior seems to be increasingly aggressive and disruptive, you request a conference with her parents. After you discuss your concerns with them, they inform you that the center's policy for handling this situation is too lenient and will never work with their child. They indicate that the only way she will obey the rules is with good, old-fashioned spankings which she receives frequently at home. They close by saying that you have their permission to spank her any time she "needs it." What can you do or say?

Our Viewpoint On Situation E. Inform the parents that center policies prohibit physical punishment and that you will *not* spank Missy. This is an ideal opportunity for providing some personal and obviously necessary parent education. Although you can empathize with the overwhelming demands made on parents and the difficulties they encounter in raising children in today's world, it is important that you take time to explain the reasons for the center's policy. Frequent and severe punishment teaches the child hostility and aggression, anger and resentment. Tough parents or caregivers generally create miniatures of themselves - the child will learn to hit in the same way that she has been hit. In other words, it presents the child with a model of how to act when one feels frustrated and angry. Or, the reverse may result. A child may become completely subdued and submissive, timid and scared.

The following conversation which incorporates these ideas may illustrate what we mean:

> *"Mr. and Mrs. Doe, I understand that raising children today is difficult. It seems like there aren't enough hours in the day to do everything that needs to be done. But, I do want you to know that our policies prohibit physical punishment, including spanking - so I can't spank your child. We believe that spanking presents a child with a model of how to act when one feels frustrated or angry. In other words, a child will learn to hit in the same way she has been hit. Or, perhaps, a child will become timid and scared, rather than aggressive, as a result of frequent spankings. We have learned that children who have these feelings grow into adults who are either hostile and angry* or *subdued and submissive. I also believe that you genuinely are interested in your child growing into a healthy, happy adult. If you weren't, you wouldn't even be interested in trying to teach her about obeying rules."*

If the parents seem receptive near the end of the conversation, you might suggest other resources - social workers, books, classes - which the parents might want to investigate. Mention also that you will continue to work with them to learn the causes of Missy's disruptive behavior. However, remind them that if Missy should become totally disruptive, you might have to refuse care until the child receives special help.

> *Situation F - About mid-morning on a Monday, a caregiver from the four-year-old section informs you that she suspects one of the children in her group has been abused. She relates that the child seemed sad and withdrawn. In talking with him, she learned that he had been a "bad" boy and his daddy had whipped him. She also discovered welt marks on his back which looked like he had been beaten severely with a belt. What should you do?*

Our Viewpoint On Situation F. Before a suspected child abuse situation *ever* arises, you should inquire about the recommended procedures for handling it. Contact the agency or individual on your installation that has been designated to deal with child abuse or neglect. This might be a child protection team, a medical officer, a juvenile officer of the military police, or a social worker. They should give you detailed instructions on how to handle such situations. Because the procedures may vary from one installation to another, we cannot make specific recommendations here. However, it is advisable for you to talk with the child and/or observe any marks on the child yourself following a report by a caregiver. Keep in mind that an overly-protective caregiver sometimes can jump to false conclusions. Then, if you believe the child may have been abused, you *must* report it, following the established procedures of your installation.

Although there is no *one* right method or set answer for dealing with these kinds of situations, our responses to each may reveal some of the considerations that we go through in attempting to meet the needs of the families and children we serve. It must be stressed that each situation of this nature must be dealt with on an individual basis and in line with your installation's policies and regulations.

It also is important to be aware of the feelings parents may be having when they do come to talk to you. They may be feeling angry, resentful, frustrated, rushed, fearful, apprehensive, tired or helpless. In order for any true communication to take place between the two of you, it often is necessary for these feelings to surface before the parents actually can discuss any sensitive situation. Keep in mind that you indeed may be discussing something which no one else ever talks to them about. Establishing and maintaining eye contact are important parts of this process. So are your gestures and facial expressions. Think about who you would prefer to talk to: a friendly-looking person with a smile and a relaxed posture or a stern-looking, arms-crossed-in-front-of-chest, frowning person? Obviously, we all send certain "messages" to others without even saying a word. Be aware of the non-verbal messages you send!

In entering discussions of this nature, you *always must assume that the parents do care about their child.* You can't be supportive of the child if you are not supportive of the parents, also. Recognize that all parents have needs that must be met before they can meet their child's needs. So, if you're going to ask parents to meet their child's needs, you must be willing to attempt to help the parents resolve some of their own needs.

What is important to remember is that providing child care involves *values* at every point. How children are dressed, how they eat, what they eat, how they are disciplined, whether they should be immunized, whether it is better to group children with other children of the same age or developmental level or better to let children of various ages learn from each other - all are questions which are handled in many different ways by parents around the world and within the United States. It is perhaps most important to be aware of your own values which are incorporated in your center policies, and be prepared to explain them to families who may not share them. It also is important to be able to justify why your center policies support certain values and be sure that these values do reflect the community which your center serves as much as possible.

READING MORE ABOUT IT

The following suggested readings are those which we have used ourselves and which we have found to be the most useful on this topic. If you want to include other resources on your bookshelf, these would be good additions:

A guide for teacher recording in day care agencies. New York: Child Welfare League of America, Inc., 1977.

Austin Association for the Education of Young Children. *Ideas for learning environments.* Washington, DC: National Association for the Education of Young Children, 1973.

Cherry, C., Harkness, B., & Kuzma, K. *Nursery school and day care center management guide.* California: Fearon-Pitman Publishers, Inc., 1978.

Evans, E., Shub, B., & Weinstein, M. *Day care: How to plan, develop, and operate a day care center.* Boston: Beacon Press, 1971.

Granato, S., & Krone, E. (Eds.). *Serving children with special needs.* Day Care Bulletin No. 8 (OCD 73-1063). U.S. Department of Health, Education and Welfare. Washington, DC.

ASSURING THE HEALTH AND SAFETY OF CHILDREN IN CARE

Centers which are health and safety conscious are facilities to which parents will feel secure to bring their children for child care. Children, too, will feel more at ease. When children and their parents are reassured by sound health and safety management, your center is more likely to develop a reputation as a facility that provides quality child care.

ESTABLISHING IMPORTANT HEALTH-RELATED POLICIES

In order to protect the health of all children and caregivers in a child care center and be able to respond effectively in times of medical emergency, every center should have a formal set of health-related policies which cover such things as procedures for staff to follow in times of medical emergency or sudden illness; policies covering whether or not children who have colds or minor illnesses can be admitted to the center and when such children can return to the center after an illness; a policy about administering medication to children; procedures for staff to follow in reporting accidents, illness or suspected child abuse and caregiver health care requirements. Medical consultation should be obtained when developing center health policies. Your installation medical and legal authorities will be glad to cooperate in developing these policies and procedures.

Medical Authorization And Physician's Statement

A parent or guardian consent form, authorizing the center to secure emergency medical care for a child if the parent cannot be reached, should be on file for every child in care. In addition, a requirement for admission for many centers is a physician's statement of some sort which includes at least a child's immunization record and notation of special medical problems, if any.

Daily Health Check

Policies regarding the admission of a child who is brought from home already ill or injured should be established. Not all parents are always as careful as they should be about observing your rules, so you and your staff will have to be on the alert for such things as a cough, a stuffy nose, or a limp. Some centers have available a nurse or health official who can check the children as they come in. While hiring a nurse full time would be ideal, especially in a center that provides drop-in care, the budget may not be able to accommodate such an expense. Nevertheless, some sort of health check should be made by someone on the staff whenever a child comes to the center.

Administering Medications

Under no circumstances should you give medication of any kind to a child *unless* you have approval of the medical authority on your installation *and* a staff member who is trained and qualified to do so. If the medical authority gives approval for the administration of medication, they also will give specific guidelines to follow which might include requirements such as:

The medication must be in the original container and labeled with the child's name.

A note on letterhead from the doctor authorizing the administration of the medication and detailing how it should be done.

A power-of-attorney from the parent giving instructions and authorization.

Procedures For Handling Medical Emergencies

In addition to assuring that a medical authorization is on file, every center should develop procedures to be followed in case of sudden illness or accidents. For example, when a child appears to be sick or seems to be running a temperature, the parent should be called and asked to take the child home.

Most child care centers cannot provide adequate care for the child who is ill. An isolation room should be available in the center for the temporary care of such children until they are discharged from the center. Do not tell the child that his or her parents or guardians will be coming until after the parents actually have been contacted. While waiting, keep the child as comfortable as you can. Do not react negatively to the child about the accident or illness. Simply be reassuring and supportive.

Readmission Policies

No child should be allowed back in to the center until written clearance has been given by a physician. This would apply as much to serious accidents as it would to illnesses. Parents cannot be the only individuals who determine if it's safe for the child to return to your center.

Procedures For Reporting Accidents Or Illnesses

A procedure for reporting accidents or illnesses should be developed as a part of the child health policies. An accident or illness report should be completed by the caregiver in charge whenever an incident occurs at the center - bites, falls, scratches, vomiting, fever - all should be reported however "minor" they may seem.

The information needed on such a report would include the date, name of the child, room, description of the injury or illness, how it happened or was observed, place and time, action taken and by whom. When a child is hurt by another child, do not list the name of the child responsible on the form. The caregiver in charge at the time should sign the report, along with the director of the center. A copy of the report should be retained by the center and discussed with the parent or guardian who picks up the sick or injured child. It is a good idea to have the parent or guardian sign the form, simply to acknowledge that she/he has been notified of the incident. Any accident or illness which you do not know how to handle, or which you feel requires immediate attention, should be reported to the proper authorities at once.

Maintaining Records That Reveal Center Health Patterns

The director who keeps close track of daily attendance of both staff and children can better anticipate the needs of the center and can spot patterns which may require attention. One valuable use of such records, when the reason for absences are recorded, is the ability to spot center health patterns. With daily records, patterns of spreading infections can be detected. When illnesses are reaching high proportions, the health nurse or some other health care professional may need to be called for consultation.

Procedures For Reporting Child Abuse Or Neglect

During the process of daily observation of children you and your staff will be confronted with the matter of child abuse. There are many reasons why child abuse occurs, but it is too complicated of an issue to discuss in length here. What does need discussing, however, are the kinds of abuse that do occur and what the child care center's role is in helping to prevent and report suspected cases. There are basically four categories of child abuse - physical/non-accidental injury, sexual molestation, emotional or verbal abuse resulting in mental injury, and neglect.

Physical abuse is the easiest kind to identify and prove because of the visible signs which are there to tell the tale even long after the actual abuse has taken place. Examples of physical abuse may be severe spankings or pulling a child sharply by the arm. Sexual abuse is using a child for sexual gratification. It could be anything from exhibitionism to rape. Emotional abuse is extreme adult behavior that places unreasonable demands on the child. Constant teasing or lack of love are examples of mental abuse. Neglect is the failure of an adult to provide for the basics in life such as food, clothing and medical care.

It is a fact that the center is obligated to report all suspected cases of child abuse. This means that the caregivers, who are in more direct contact with children each day than even the director, also are responsible to report their suspicions to the director. The director then would make the official report to the proper authorities.

For the purpose of reporting cases of abuse, caregivers and directors alike should know how to identify possible abused children. Children who are shy, withdrawn or very quiet may be victims of abuse. Very nervous, aggressive or destructive children may be acting out pain that has been inflicted upon them. An injury that has no explanation such as a burn or a black eye, repeated bruises and marks on the same child over a period of time, or a child who complains about being hit at home are all possible cases of child abuse. The child who is always hungry, who wears soiled, smelly clothes or whose hair is tangled and uncombed could be a victim of neglect. Sometimes the child who is not properly dressed for the weather could be suffering from neglect. Anything that is indicative of less-than-proper care for a child should be investigated. Certainly, when parents show little concern for their child's problems, they are not able to adequately explain an injury, they cannot be found or they bring a third party into the picture, you can be confident that all is not as it should be for that child.

Some good references on the issues of child abuse and neglect are *The Battered Child, Helping The Battered Child And His Family, Wednesday's Children: A Study Of Child Neglect And Abuse, People Are Not For Hitting*, and *A Self-Instructional Text For Head Start Personnel: Child Abuse And Neglect.*

Staff Health Policies

It must be recognized that the state of health of the caregivers and other personnel working in the center should be as closely monitored as the children's health. Adults who are running a fever, have a runny nose or who are injured have no place in direct contact with children. Physical exams and tests are a must. Their medical history and present health status should be known. Persons who can be contacted in case of an emergency or the name and phone number of a physician also should be available.

Realize, too, that you and your staff will need time to eat, rest or take a break during the day. Have enough staff on hand so caregivers can eat without interruption and attend to other personal needs. A separate staff lounge is needed as a "get away" spot.

ENCOURAGING HEALTH EDUCATION

Train Staff To Spot Health Problems

Child care centers around the world have observed and detected health care problems in many children. Without detection, many problems would go untreated. Such things as malnutrition, learning disabilities and even under-immunization have been identified and consequently treated as a result of children entering child care centers for the first time. For this reason, the center must not take its role casually when it comes to the overall health care for each child in the child care program. It should be center policy to make caregivers aware of the major signs of developmental difficulties or potential medical problems. Screening children for possible health problems is an important part of the child care program.

One of the best methods to use in identifying health problems is through the direct observation of a child not only on a one-to-one basis but within a group of other children of the same age. Observe children for signs of hearing, speech or visual difficulties. Watch for children who show signs of physical underdevelopment. Note those children who constantly have trouble in groups of others their own age. Be aware of those children whose feelings are very easily hurt or angered by others. A director and staff who are keen observers are able to add significantly to the health information available on a child. Some centers go so far as to use observation forms, requesting that caregivers routinely make daily observations of each child cared for regularly in the center. In this way a systematic program can be established whereby a child not only receives treatment for health problems that may arise, but the progress a child is making over a period of time also is noted through periodic observations.

Include First Aid Training For Staff

A good health program should include first aid training for staff and teaching good health and sanitation habits to children. If regulations do not require that at least one person - if not all full time staff members - has first aid training, consider making it a rule of your own. If necessary,

take it upon yourself to study first aid and provide training right in the center at staff meetings. There are those who would argue that an ounce of prevention is worth a pound of cure. No one would suggest that a center should not do all it can to prevent accidents in the first place. But, realistically, no matter how careful we are, accidents are bound to occur from time to time even in the best centers.

First aid is just what the term implies. It is basic treatment given until professional help can be obtained. Any attempts to do more are not only foolish but dangerous as well. While there has been an improvement in the overall death rate among children, accidents still account for the greatest number of deaths that do occur. Children can fall from very safe equipment and break an arm or a leg, suffer head or chest injuries and receive cuts, bruises, nosebleeds or sprains. They may burn themselves during a cooking project, choke on a piece of food at lunchtime or poke objects in each other's eyes, noses or ears. Children are known to suffer from heart failure, sunstroke and heat exhaustion. They can get frost bitten, stung by an insect, bitten by an animal or another child or eat a poison weed. Consider whether or not you would know what to do in each of these instances and then ask yourself if you feel there is a need for first aid training in your center.

There are many sources through which one can obtain first aid training and/or information. The American Red Cross offers excellent, inexpensive or free courses on first aid training and is more than willing to come to your center at your convenience and give instruction. There are some good publications available on first aid treatment. One such book titled *A Sigh Of Relief*, by Martin I. Green, contains good illustrations along with written instructions for proper first aid in a wide range of situations. Through first aid training you and your staff will learn how to give artificial respiration and which of the various methods are appropriate to an infant, a young child and an adult. There are also certain types of injuries in which some types of artificial respiration are less helpful than others. Depending upon the chemical or substance a child may have swallowed, it may or may not be safe to induce vomiting. There is, indeed, much to be learned in the area of first aid treatment.

Involve Children With Good Safety And Sanitation Habits

Teaching good sanitation and safety habits to children will help prevent some illnesses and injuries that often are a result of carelessness and lack of cleanliness. Children should be encouraged to wash their hands and face before and after eating and to brush their teeth when old enough to do so. They should be taught to keep water in the sinks, flush toilets, and, when older, to clean around the sinks when finished. Children can learn to cover their mouths and noses for coughs and sneezes. They can learn to desposit trash in the waste containers and help keep the center neat and clean. They should learn to pick up toys, return equipment to storage areas and follow rules when using equipment.

It is important to teach the *whys* along with the *hows*. When children understand why it is important to wash their hands, brush their teeth or

follow rules, they are more eager to do these things. Children are further encouraged to learn good health and safety habits when child-sized furniture, bathroom fixtures and eating utensils are available for them to use. Since they are just learning these routines, the schedule must allow extra time for the completion of a meal or cleaning up.

Make Center Sanitation A High Priority

The center can further foster good sanitary habits by keeping the bathrooms neat and clean. They should be cleaned with a good antiseptic daily. Any time a child has an accident in the bathroom or "misses" the toilet, the area should be cleaned at once. Any and all materials used on the body or in the bathroom should be disposed of or put out of reach until it can be properly laundered. Each child receiving daily care should have his or her own toothbrush. Toothbrushes should be stored separately so they can dry. Never store them in one group container or containers which do not have air holes. Names on toothbrushes help to identify one from another as does color coding. Keep the number of children in the bathroom within safe limits.

There should be at least three feet of space between cots. Children should sleep head to foot for fewer distractions. Blankets, cots, sheets and any items used for resting must be marked and under no circumstances should one child use another's. If and when they are changed from one child to another, they must be sprayed with a disinfectant or, if a washable item, properly laundered.

Tables, dishes and eating utensils should be sanitized properly. Food sanitation practices should be followed closely. Anything the center can do to help children learn about the importance of cleanliness will reduce health problems in your center and at home as well. Involve parents in your health education program. Let them know your goals and encourage them to further support the program when the child is away from the center.

Take Advantage Of Available Professional Help

The social welfare department or staff psychologists on your installation are there to assist you and your staff with children who are in need of special health care. Do not hesitate to avail yourself of their services. They can make health care and planning much easier and more effective when they are included in your program. Many national organizations are pleased to be of service through their branch offices upon request. For instance, contact the Epilepsy Foundation of America or the Asthma and Allergy Foundation of America for information and help with children who have these special health problems. Parents, too, will appreciate the added effort the center goes to and will be reassured by it. A good director knows that quality child care is a profession that demands the input of professionals from all areas. Such resource persons also may be needed when you encounter children with special problems. At some time or another you will most likely have children in the center who have epilepsy or severe hearing or visual handicaps, who are confined to wheelchairs or who live daily with a host of other special problems from childhood asthma to a terminal illness.

DEVELOPING POLICIES TO ENSURE CHILD SAFETY

There are many aspects of child care programs which could involve a potential safety risk for children in care. It is critical that a center have policies which anticipate and prevent as many safety hazards as possible and which permit staff to respond effectively in case of a disaster, such as a fire, which threatens the safety of the children. Safety issues which need to be considered in policy-making include who shall be permitted to pick up a child from the center; what to do in case of fire, power failures or natural disasters; how to ensure that the facility and equipment are kept in safe order; or if the center provides any transportation, how to assure transportation safety for staff and children.

Releasing Children From The Center

One of the first safety policy considerations should be the development of a child pick-up policy - a policy which clearly defines who is and who is not allowed to take a child from the center. Under no circumstances should you allow anyone other than the parents or guardian to take a child from the center unless you have legal clearance. This can be a risky business when drop-in care is offered because it is difficult to get to know the faces and/or voices of people who bring a child to the center infrequently. Most centers adopt a procedure of sign-in and sign-out, which is helpful.

Be aware that you can be given all kinds of logical reasons why parents cannot be there to get their own child, but in this day of child custody disputes and political kidnapping, your policies for removing children from the center should be firm. Certainly no child should ever be accompanied home by other young children or permitted to leave the center alone. Make sure that families clearly understand the pick-up policy and that they adhere to it *without exception*.

Procedures For Preventing And Responding To Emergencies

Fires, power failures and natural disasters such as floods, hurricanes, earthquakes, tornados, blizzards and many others do occur often enough that you and your staff need to be prepared. Expect the unexpected. Some emergencies will require the evacuation of the building, others will not. Check with those authorities on your installation who can instruct you in the correct way to handle each potential disaster that could occur. They can help you establish procedures and design evacuation plans in the event something should go wrong. Evacuation plans must be posted in each room. Not only do you need to know what steps need to be taken, but you and your staff should practice during working hours frequently enough so that everyone will know what to do without any loss of time should the real thing happen. You can take certain precautions such as listening to weather alerts in your area should conditions be right for a blizzard or a hurricane. Do not allow children outside to play on extremely hot, humid days when over-exertion or heat-exhaustion could occur. Wind-chill factors are very dangerous if not observed closely, too. Use your common sense and be alert

to situations that could pose a threat to the safety of the adults and children who depend on your good judgment.

Since we cannot give safety and prevention tips for all possible disasters that could occur, we have chosen that of fire for discussion here. Consider the following facts which make fire a topic of real concern:

> The U.S. has the poorest fire safety record of any of the so-called developed nations. Public buildings and homes generally are built for comfort and not for safety.
>
> In almost any fire those persons inside have *no more than three minutes* in which to evacuate or reach safety outside. In that amount of time smoke can make staying in a building very uncomfortable and subsequent evacuation very hard because of stinging eyes, noses and throats.
>
> Fire fighting and rescue squads are trained to save the greatest number of lives possible in the time available for rescue. This means that those persons who are able to walk on their own will be evacuated first. In the child care center this would be adults, school-age and preschool children. If time permits, those who are learning to walk - like toddlers and pretoddlers - would follow. And, if time has not run out, those who cannot walk - the handicapped and infants - would be the last to leave.

Think about the implications of these facts and you will be convinced that fire prevention and safety should be a real priority concern. It seems clear that if children who are just beginning to walk or don't walk at all are to escape, the initial responsibility must lie with your staff.

Buildings can be designed and built with materials and equipment that can make fires very unlikely or at least easy to bring under control. However, in many military communities the child care center may very well be housed in an older building which was built long before fire retardant materials were perfected and certainly at a time when no one ever dreamed the building might someday be used as a child care center. So when working with older buildings, equipment such as fire alarms, extinguishers and sprinkler systems are a must. It may take a good deal of money to install proper fire doors and even evacuation routes, but such considerations must be given top monetary billing. There should be resource persons who can best advise you on what needs to be done to the building to make it as safe as possible.

Child care centers should have regular fire safety inspections to make sure all possible fire hazards are eliminated. Make sure exit doors and locks work. Clear all evacuation hallways and stairwells. Keep a fire evacuation plan posted by the door in each room. Be sure fire alarms, lights and sprinklers are in operating condition. Remove combustible materials - trash, rags, flammable liquids - from the building. Check electrical outlets for overloading and appliance cords for cracks or other signs of wear. The heating, ventilating and cooling systems must be in good condition

and free of lint, dust and dirt. Quiz the staff to be sure they know fire safety rules and that they know how to use an extinguisher. With assistance from the fire department, have each staff member practice using a fire extinguisher. It is one thing to know how to use an extinguisher, but quite another, to actually do it. Incidentally, how long has it been since *you* used one?

It goes without saying that "practice makes perfect" - even in fire drills. Consult with the fire department when planning your evacuation program. Have them help during fire drills. They can point out weaknesses in your center. Hold meetings with your employees and discuss fire safety problems. Have drills during inconvenient hours such as meal or nap time. A fire does not care what time of day or night it is or whether children are sleeping. Have a method of accounting for all children once outside and a procedure for keeping them together. Have a search plan for locating missing children. When smoke is present note that children often hide in closets, under furniture or rugs, behind doors or in any crawl space they can find. Have a good fire education program which involves the children as well as the adults in the center. Remember, whether it is a drill or the real thing, children are affected by how the adults around them respond. When you and your staff are calm and confident, children are reassured.

Procedures For Ensuring That Facility And Equipment Are Maintained

The entire center needs to be checked continuously, not just by installation authorities who are assigned this duty, but by the center staff, too, to make sure things are maintained in safe condition. Conscientious caregivers should be encouraged to report any actions or things which are a threat to the health and safety of those who work and play there daily. A suggestion box in which staff and parents can deposit comments anonymously is very useful. These matters can be discussed at staff meetings and/or handled at once, if appropriate.

When problems are brought to your attention, either from meetings, the suggestion box or your own observation, correct them immediately. If a piece of equipment is in need of repair, have it fixed or remove it from the scene until it can be fixed. Equipment which is in an unsafe condition is a prime candidate for accidents. Develop a safety checklist and follow it closely!

Check the people. See if children are unattended, roaming in areas where they are not allowed or engaged in dangerous play. Count the number of adults to children present to determine if the adult/child ratio is adequate. Note if children are hurting one another or if they are properly clothed.

Check the surfaces. Be sure the floors are not slippery from wax, sand or water and that they are not cluttered or dirty. Note if the playground is covered with ice and whether or not there are hard surfaces under climbing or swinging equipment. Keep hallways free of clutter and doorways free of obstructions. Repair or replace broken or worn equipment. Consider

whether the equipment and materials actually are appropriate to the age of children using them. Watch for nails, screws, sharp edges and points. Make sure no lead-based paint has been used in the center.

Check the heat and water. All heaters, fireplaces, radiators and other heating units must be covered. Control knobs should be out of reach of even the most enterprising youngster. Take the temperature of the water coming through the faucets in the toileting, washing and drinking areas to be sure it is not too hot or too cold. Water play of any kind should be well supervised. Fill in potholes in the playground that could hold rain or melting snow.

Check the toileting and eating facilities. Note cleanliness of the general area and odors which are present. Have adequate garbage or trash disposal units. The cook's appearance should be clean and tidy. Watch for signs of insects or rodents. Observe the placement of cleaning agents and other dangerous items - whether they are left lying around or in closed, locked cupboards.

Check the lighting. All areas should be well lit. Electrical codes must be strictly adhered to and electrical outlets either placed 48 inches from the floor, covered or equipped with a safety device. Perhaps a combination of all three would be best. Emergency lighting, in the event of a power failure, should be available. You probably can add many items to this checklist. Make up your own or use a good one from the resources listed at the end of this section. The best way to know if your center is safe for staff and children alike is to routinely get out the checklist and go over it thoroughly. In addition, keep a watchful eye and an attentive ear to what goes on each day in the child care center.

Transportation Safety Policies

An area of safety that should be of concern to the center is transportation. To what extent the center will be involved in the actual transport of children - either on foot or in vehicles - will depend upon the policies and program adopted by that center. Should your center find itself in a position of transporting children away from the center, be sure the vehicles meet safety requirements. Such excursions also must be very well supervised by center staff. To whatever degree the center involves itself in the transportation of children and/or staff, know the legal considerations that go along with that responsibility.

In selecting a driver for transporting children and staff, be sure that the individual is able to deal with young children. All drivers should be over 21 years of age and have had at least five years of safe driving experience. As a center representative, the driver should be neat and clean in appearance and able to drive under stressful conditions. Before any transportation program is undertaken - regardless of how long or short term - check military regulations.

READING MORE ABOUT IT

The following suggested readings are those which we have used ourselves and which we have found to be the most useful on this topic. If you want to include other resources on your bookshelf, these would be good additions:

Auerbach, S. (Ed.) with Rivaldo, J. *Model programs and their components.* New York: Human Sciences Press, 1978.

Committee on Accident Prevention, American Academy of Pediatrics, Evanston, Illinois. *Protect your baby - Birth-6 months*, 1974; *7-12 months*, 1974; *Protect your child, 1-2 years*, 1974; *Keep your baby safe, 2-3 years*, 1974; *Teach your child to be safe, 3-6 years*, 1974.

Evans, J. (Project Director). Child Health and Safety Series, Child Development Program Division, Texas Department of Human Resources. Austin, Texas: Southwest Educational Development Laboratory, 1977. *Health precautions, Module II.*

_____, *When a child is sick or hurt, Module III.*

_____, *Emergency child aid, Module VI.*

Green, M. I. *A sigh of relief.* New York: Bantam Books, 1977.

Hendrick, J. Chapter 4: Development of the physical self. *The whole child.* St. Louis: The C. V. Mosby Company, 1975.

It hurts when they cry. Washington, DC: U.S. Consumer Product Safety Commission, 1976.

MANAGING A CENTER'S FOOD SERVICE AND NUTRITION PROGRAM

If food is a part of the child care program, food and nutrition management must be given high priority. This not only means priority in terms of time and energy but in terms of money or budgetary allowances as well. Some may wonder why so much emphasis is given to food and nutrition management. Without a doubt, when poorly managed, the food program can spell immediate financial disaster for any center. A sound nutrition program and a well-managed food service are essential to any quality child care center. In addition to providing good food, sound nutrition and a pleasant atmosphere, the center's food services program involves not only parents, but the training of teachers or caregivers to support children's physical and emotional development where eating is concerned. Food, whether brought from home, catered or planned and prepared at the center, is an important part of the overall child care program.

CONSIDERING THE CENTER'S IMPORTANT ROLE IN NUTRITION

From a nutritionist's point of view, the United States recommended daily allowance - or U.S.R.D.A.'s - are those amounts of foods or nutrients established by the Food and Drug Administration as necessary and vital to support and sustain normal growth and development. While R.D.A.'s are based on a variety of factors including age, the actual *percentages* of the R.D.A.'s provided by a center for any given day would be the same for all. When a child is present in a child care center for six to eight hours each day, the center provides that child with one-half to two-thirds of all nutrients which he or she will receive in a day. For children who are present for longer periods, the nutritional contribution by the center may be even higher. Indeed, this is a tremendous responsibility thrust upon any center and it becomes an obligation that cannot be treated lightly. Research has shown that if the nutritional needs of children are not met during the first six years of life, they will have lower intelligence, lower resistance to disease, and generally poorer physical and mental health throughout life. Children who are well-nourished are energetic and eager to learn. Children who are poorly nourished are restless, apathetic and inattentive. They cannot concentrate or learn well. In essence, the child care center simply must not talk about good nutrition and the importance of food, but it must serve as an example as well.

From a child's point of view, mealtime not only provides for individual nutritional needs, but it is an opportunity for educational, emotional and social experiences, too. The young child, with help, soon will learn about different foods - how foods are grown, stored and prepared. He will carry on conversations around the table, enjoying the company of other people, and will learn what manners or behaviors are socially acceptable and what are unacceptable. He may even make emotional associations to specific foods and/or meals in general as a result of these various experiences at the table. When meals are enjoyable, happy and peaceful times, the child will look upon food and everything related to it in a positive way. Since the child is not born with his food likes and dislikes, good table manners and the ability to feed himself, his eating habits are formed gradually by experiences directly and indirectly with food. Therefore, the food and nutrition program in the child care center has a highly influential role to play in teaching the child early in life to eat and enjoy a wide variety of nutritious foods. Only through efficient management practices will a center be able to meet the nutritional needs of children.

Management of a center's nutritional program involves the following aspects:

Designing The Kitchen And Food Storage Areas

Planning Menus And Purchasing Food

Preparing Food

Managing Meal And Snack Time

Cleaning-Up

Even if total food service is not a part of the child care center program, the center will be involved in each of these aspects to some degree at one time or another. Children will have to eat and/or be fed while at the center even when meals and snacks are brought from home. Although food brought from home generally is discouraged, it may be necessary and/or desirable in some child care centers. As the director of a child care center you may or may not have a dietitian and/or a cook who can plan, purchase or prepare the food for you. So be prepared to handle these tasks by yourself. You might have a morning-only program followed by an afternoon program where you serve only snacks. Or you may have a full day program complete with one, two or even three meals and all the snacks in between. In any case it will be your responsibility to see that all regulations are followed, including the health, hiring, purchasing and sanitation requirements for staff, equipment and facilities involved in the food service program.

PLANNING THE KITCHEN AREA

Planning the kitchen and purchasing equipment is a vital part of the food service program. Cooks are able to perform their job better when they have a kitchen which has been well planned with the necessary equipment to make food planning, purchasing, preparation, feeding, clean-up, receiving and storage efficient and effective.

Selecting Equipment To Meet Your Needs

First, let's look at the equipment that would be absolutely necessary:

Refrigerator. Even if meals and snacks are brought from home or catered, a refrigerator would be one piece of large equipment needed to keep food and formula chilled. Frost-free models use more energy or electricity, so they cost more not only to run, but to purchase, also. However, they do not require the time needed to defrost as do models which are not frost-free.

Sink. A sink with hot and cold water and counter space on both sides would be required.

Hot plate or oven-broiler. You would need an oven-broiler for those children who bring chicken to heat, cheese sandwiches to toast, or main dishes to warm. The size and/or number of these various pieces of large equipment will depend on how many children and how many meals actually are served and who prepares or provides the food.

Range. When the center is involved in a total food service program - planning, purchasing and preparing - a standard sized cooking range is a must, with burners on the top and at least one oven-broiler unit. If the center is a large one, more than one range - or commercial cooking equipment - might be needed. Ranges, like all other appliances, have many different features. The more features an appliance has, the more expensive it will

be. Determine which features are practical and necessary in a child care center. Do not spend money unnecessarily on features which are not needed.

Freezer. A freezer can be a very handy appliance to have if the budget permits. Many varieties of foods can be purchased when on sale and stored for longer periods of time in a freezer. Setting the freezer at 0° and keeping it more full than empty will better preserve the quality of the items frozen and reduce operating costs. Upright freezers take less floor space than chest type, but do not hold as much food and are somewhat more costly to operate, too.

Dishwasher. A dishwasher is an item that requires thoughtful budgetary considerations. If the center financially can justify the expense of a good commercial unit, dishwashers save time and do an excellent job sanitizing dishes and utensils.

The decision to buy commercial appliances or home-type models will depend on the amount of money available to spend, the size of the center and the actual use expected of any appliance. Smaller electric appliances such as fry pans, blenders, mixers, can openers and so forth are all possibilities. Surely, some would be more essential and more expensive than others, so careful planning is essential. In any case, all potentially dangerous equipment should be purchased with safety features in mind because children may wander into the kitchen with or without adult permission.

As for the smaller equipment or utensils needed, most kitchens have the same requirements. Go through your own kitchen at home if you are at a loss for what things need to be purchased for the center. The more obvious things are mixing bowls, measuring cups and spoons, muffin pans, cookie sheets, cake and pie tins, beaters, mixing and serving utensils, deep kettles, pots and pans, casseroles, child-sized dishes - the list will be as long or as short as your center circumstances demand. When serving as many meals to as many children as we do, much of the equipment purchased is institutional rather than family or home-size. Your needs may be very different, so always keep your center foremost in mind. If you are buying institutional-sized equipment or containers of food, the space and storage areas in the kitchen - like the shelves in cupboards and dividers in drawers - must be able to accommodate them.

Designing Kitchen Work Centers

The placement in the kitchen of both large and small equipment must be planned carefully, so some basic understanding of what makes a well-designed kitchen is helpful. Kitchens usually are divided into work centers and these work centers revolve around the equipment used in them.

The work centers in a kitchen are (1) the sink center; (2) the range-serve center; (3) the refrigerator center; and (4) the mixing center.

The sink center is the most often used center. This center will contain the sink and perhaps a dishwasher. Containers are available for disposing of waste, unless a garbage disposal is installed. Sometimes a container for waste paper is in or near the sink center. Storage space is

provided for dishwashing supplies; cooking ware that will need the addition of water when in use; vegetables and fruits that do not need to be refrigerated but perhaps washed or peeled; measuring cups and spoons; and, knives and other cutting, peeling and straining utensils. Dishes usually are stored in this area, too, where they are close at hand for serving food as well as storing after being washed and dried. Counter space should be available on both sides of the sink for maximum efficiency.

The range-serve center is the second most frequently used center. Most of the activity in food preparation is between the sink and the cooking or range surface. Near the range-serve center should be located skillets and lids for saucepans; cooking utensils like stirring spoons, ladles and turners; seasoning and oil used when cooking; and, foods like macaroni, noodles and spaghetti which are used with boiling water. Counters should be available, preferably on both sides of the range. Serving trays, napkins, hot pads and any other items used in serving food should be located in this general area.

The refrigerator center contains the refrigerator, a refrigerator-freezer and/or a freezer. Counter space in this area also is advisable so foods taken out of these appliances can be set down conveniently. In addition, storage space should be provided for any dishes and cookware that would be chilled prior to use. Pitchers for pouring juices and other beverages might be located most conveniently in this area.

The mixing center may or may not contain a commercial mixing appliance, but what does make the mixing center unique from the others is that it must have adequate counter space which is uninterrupted. There should be plenty of storage for such special items as mixes, flour, spices, mixing bowls, baking pans, casseroles, rolling pins, beaters and more measuring cups and spoons. This area is best when located close to the other work centers - sink, range and refrigerator.

Many arrangements are possible for these work centers. Plan them carefully in view of the overall needs and function of the child care center and the cook who will be in the kitchen. The area for laundering may be located in the kitchen if space allows, but most often it is in a separate room very near the kitchen. When planning the layout of the kitchen keep traffic patterns and safety features in mind, especially if children are going to be allowed in the kitchen to help prepare, serve or clean-up during mealtimes. It also should be near the eating area. When possible, use both natural and artificial lighting. All parts of the kitchen - the equipment, floor, walls, ceiling, counters and other accessories - can make a unified work area. Good air movement is a must and can be provided by air conditioning, ventilation and exhaust fans, windows and other similar units. Be sure adequate plumbing is provided as well as proper and sufficient wiring to handle the various electrical appliances in the kitchen. To insure the kitchen is plumbed and wired properly, rely upon those people who are trained in those fields. They will know all the rules and regulations that apply. Follow their recommendations precisely. Only through careful planning and purchasing can the kitchen truly be a most efficient as well as a pleasant place to work.

A good deal of time, energy and money can be lost unless food receiving and storage areas are well planned and provided for in the child care center. The arrangement or placement of these areas is of major importance. Receiving and storage areas should be located conveniently near or in the kitchen to save steps as well as time. If the areas are situated so there is a lot of backtracking or running back and forth, accidents, costly mistakes and delays in food preparation and service may be the result. You will need to consider the size of the areas, the arrangement of the equipment and the distance between the preparation, eating and clean-up facilities. There are some excellent references listed at the end of this section to help you in these decisions.

Arranging Convenient Receiving Areas

Whether you bring the groceries and kitchen supplies from the market yourself or delivery by the grocer is available, you will need a receiving area. Most of the things discussed here would apply in either case. Outside platforms for unloading groceries make food delivery easier. Hand carts or hand trucks on wheels are great worksavers. When the platforms are covered, the groceries are protected from the weather during unloading. The space needed for unloading groceries will depend on such things as who delivers and unloads the quantities most often purchased. Safety features like handrails, non-slip floor coverings and weather protection are all aspects you will need to consider.

A receiving area also is needed *inside* the building to provide *temporary* storage until the groceries are checked for quality and quantity. This area should be near the outside receiving platform and, if possible, separate from all other areas. The space needed will depend on the size of deliveries, and these floors also should have non-slip surfaces which are easy to clean. Floor drains are suggested - if not required. This area should be lighted and have walls and ceiling which are moisture and pest proof. It is important that heavy-duty doors divide the outside from the inside receiving areas. Check all the health and safety regulations that apply.

The inside receiving area should have a desk or convenient height counter for checking the foods for possible shortages and damages at delivery. All items should be inspected before they are put into storage. Examine for expiration dates, proper temperatures, discoloration, insects, spoilage and poor sealing. Any foods which are not acceptable should be separated from the other groceries and returned to the supplier for credit. Scales for weighing some bulk foods may be needed. Tables or other surfaces in addition to a check-in desk will be useful. Add any piece of equipment that you feel would make your receiving area more effective.

If food is brought from home by the children, the receiving area for "sack" meals can be included in the kitchen, through a service window if space permits or else in a small, adjoining room. Many of the suggestions regarding receiving and inspection certainly would apply. Parents must

adhere to rules of proper sealing, clean baby bottles, cold foods which are indeed cold, baby food jars which are unopened, hot foods which are kept in insulated vacuum bottles and all sacks, jars and bottles properly labeled and dated.

Planning For Dry And Cold Storage

Food storage involves two areas - one for dry food storage and another for cold food storage. Dry foods are those goods which do not require refrigeration. Cold foods are those items which require refrigerator and/or freezer storage space. Proper storage keeps food safe, clean and fresh so meals, when prepared, taste better and are more nutritious. It is important to keep accurate, daily records of the amount of food on hand and of the food which moves in and out of the storage facilities during a day, a week, a month and a year. Set up a system and designate recordkeeping to one person. Too many "fingers in the pie" can create confusion. Various forms and inventory sheets can be used. Check your regulations and the resources included in the *Financial Planning For Military Child Care Centers* section of this Guidebook for methods that may be used.

Space needed for dry food storage depends on the menus and the number of children being fed, as well as how often and how much food is delivered. *A minimum of one-half square foot of floor space per child served is a general planning guide.* So, if your center serves 100 children, 50 square feet of dry storage space would be allowed. Floors should be level and slip-resistant. Walls and ceilings should be a light color and easy to clean and repair. A heavy-duty door is recommended but windows are not - unless regulations state otherwise. Good lighting makes work easier and good ventilation is essential for proper dry food storage. Ventilation helps to control the temperature and lowers the humidity, thereby retarding the growth of bacteria and mold and preventing musty odors and rusty cans. In determining the best type of ventilation system for your center, consider your climate and the advice of consultants. There are many resource persons available whose job it is to provide such information.

You also will need to give thought to thermometers, shelving and aisle space. Storeroom equipment like shelf-type carts, skids and dollies are helpful because all *food products must be stored off the floor.* Scoops also can be useful. Fire extinguishers should be available either in or near the storeroom as well as in the kitchen itself.

Many of the general statements made about dry food storage apply to cold food storage, too. Obviously, there will be differences. For example, the temperature in the refrigerator should be maintained at 36 - 40°F. Freezer temperatures should be maintained at 0°F or lower. The humidity levels of refrigerated storage areas usually are different from the freezer area. These areas may be entire rooms which are installed properly and temperature controlled or individual large appliances. All units must meet existing codes to pass inspection. Space needed for cold storage will depend on those same factors discussed earlier - menus, number of children, frequency of delivery and quantities delivered. Thermometers, ventilating system, shelving, aisle space, floor, ceiling and wall coverings, lighting

and convenience are all matters to be noted in planning the cold food storage areas.

To ensure proper and convenient storage follow these simple rules:

Stack bagged, cased and boxed foods on dollies or skids.

Store foods of a kind together.

Date and number the foods for easy identification.

Put the oldest foods out front to assure first-use.

Store foods away from walls and off the floor.

Store foods that absorb odors away from those that give off odors.

Store cleaning materials and supplies away from food and in locked cupboards or rooms.

Refrigerate or freeze fresh meats, fish and poultry.

Refrigerate dairy products and eggs immediately. The same applies to fresh fruits and vegetables and unprepared portions of food.

Freeze frozen foods in their original shipping containers. If frozen foods have thawed, do not refreeze.

Whenever basic rules of health and safety are followed in food storage areas, you stand a better chance of reducing food spoilage and human illness, and of preparing and serving meals and snacks which can be enjoyed by all.

PLANNING MENUS AND PURCHASING FOOD

Good menus don't just happen. They require careful planning. A guide frequently used in planning meals is the Basic Four Food Groups consisting of (1) fruits and vegetables, (2) meats, including fish, eggs, poultry, nuts and dry beans, (3) milk and other dairy products and (4) breads and cereals. It was believed that a meal that contained something from each of these groups would have to be well-balanced, not only in vitamins and minerals but in protein, fat, carbohydrates and roughage. However, consider a lunch of creamed corn, chilled weiners, instant vanilla pudding and breadsticks, with a glass of "fruit" punch to drink. This meal has something from the four basic food groups, but it does lack fresh foods, dark green or orange vegetables, and a meat or cereal product substantial enough to provide the Vitamins A and C and iron so vitally necessary. Growing children require among other things, foods which are rich in Vitamins A

and C plus the mineral, iron. Thus, total reliance upon the Basic Four to provide balanced meals is not enough.

Planning For Variety And Good Nutrition In Menus

The Basic Four can serve as a guide, but from there you must realize that a wide *variety of colors* - to include dark green, orange or red - is essential in food selection to assure well-balanced diets. Children enjoy the "eating experience" and a *variety of textures* makes mealtime more interesting, too. Have crunchy, munchy foods along with soft, mushy ones. Serve crisp, juicy foods along with dry, chewy ones. Allow for *variety in temperatures*, serving things warm, at room temperature and cold. Warm soup with a toasted sandwich along with something cool to drink are fun for children to experience, even in one meal. Avoid things which are too hot or icy cold, particularly with very young children. Furthermore, heating some foods destroys some nutrients such as Vitamin C. Some foods loose their digestive qualities when cooked. Many nutrients are water soluble, like the B vitamins, which means they will dissolve if the foods which contain them are cooked in water. On the other hand, cooking does bring out a different flavor in foods, and a *variety of flavors* is enjoyed by children, too. Children also like *variety in the size and shape* of the foods they eat. Therefore, when looking at the overall nutritional value of any meal keep the variables in mind. *Allow at least two weeks to pass before menus are repeated.* Remember, no one food contains all the needed nutrients, so providing a *variety of foods* is more likely to ensure the many nutrients required by the human body.

Avoiding "Junk Foods"

In food selection it is becoming widespread knowledge that the "junk" foods so popular in the United States should be avoided in child care food service programs. More and more nutritionists are including all refined white-flour products, most packaged dry cereals, foods containing large amounts of refined sugar and soft drinks of every kind on the every-expanding list of "junk" foods. Added to this list of non-nutritious foods are synthetic or artificial fruit "ades" and "fruit" drinks with sugar, dyes and chemical flavorings with little or no real fruit juice in them. Most gelatin products and processed cheeses make the list, also. Hydrogenated or saturated cooking fats or oils and foods cooked in these fats like potato chips, corn chips and French fries are "junk" foods, too. So whenever possible, the child care center that avoids these items in its food service program can be proud of the example it is setting for others to follow.

Involving Parents In Your Center's Nutrition Program

Parent meetings can be of help in menu planning, too. These meetings are opportunities to get good tips from parents, as well as times when the center can influence the parents in their food selection for meals at home. Especially if children bring their food from home, parents need to know about the nutritional intake their children do and/or should receive daily. A good parent-involvement program could include newsletters aimed at aiding parents in planning healthful meals. *Menus should be posted daily in plain view at the center*, then filed for future reference. Some centers even print

an entire month's menu with copies for parents to display in their kitchen at home. This way they learn what the children will be eating each day. This knowledge can help them plan for well-balanced meals as well as for a variety at home. If spaghetti is served at the child care center for lunch, a wise parent would not want to serve spaghetti for dinner that night. So the communication between home and center always should be open. Even though family incomes over the past several decades have been increasing, the incidence of low nutrition among Americans at all income levels has been rising. Therefore, the lack of sound nutritional practices and the misinformation that accompanies poor nutrition have been on the increase. If malnutrition is going to be done away with among all economic groups, then rising incomes and food assistance programs must go hand-in-hand with an increased educational awareness about the basics of proper nutrition. The child care center is an excellent place for this process of nutrition re-education to begin.

Because children often eat only small amounts at mealtimes, snacks between meals are very important in order to satisfy hunger and help meet the daily food or nutrient requirements of children. If children are to bring their snacks from home, then their parents need to understand that snacks are important and they need to know what to include for snacks.

Planning Snacks

Generally, one selection from each of these three groups will give a nutritionally sound snack: (1) meat, poultry, or milk or cheese; (2) fruits or vegetables; and (3) a bread product. However, realize that snacks should not interfere with the children's mealtime appetites. *Snacks best serve their intended purpose when given about an hour-and-a-half before meals.* A light mid-morning snack such as cheese on crackers with juice is appropriate. Afternoon snack may require something a bit more substantial - milk with a small sandwich on whole wheat or a bran muffin - because it can be a long time between lunch and dinner and children grow more restless and tired as the day progresses. Keep in mind that snacks often are used as transition activities - a time to help ease the change from one activity to another - as well as a time to supplement or bolster children's demanding body needs.

Planning A Day's Menu

By now it is obvious that the child care center will become involved in meal and snack planning regardless of who actually is providing the food to be eaten. Thus, a general outline is given on the following page only to act as a guide in planning meals and snacks. For more detailed information refer to any one of the many resources available on the topic, some of which are listed at the end of this section.

Breakfast:	Juice or fruit Egg Whole grain bread w/butter or whole grain cereal Milk
Mid-Morning Snack:	Cheese on crackers Juice
Lunch:	Protein-rich main dish* Vegetable and/or fruit Whole grain bread w/butter or whole grain cereal Milk
Mid-Afternoon Snack:	Bran muffin Fruit cubes Milk
Dinner:	Protein-rich main dish* Vegetable or fruit salad Whole grain bread w/butter or whole grain cereal
Mid-Evening Snack:	(when and if appropriate) Raisins Milk

Throughout the day encourage children to drink plenty of water and offer water as an additional drink at all meals and snacks.

*Protein-rich foods are meats, poultry, fish, eggs, cheese, nuts and nut products, dried peas and beans.

CONTROLLING THE COSTS OF FOOD SERVICE

Menu planning is very helpful in food purchasing as well as in controlling costs and reducing food waste. Of course your planning must be flexible. Depending on the location of your child care center in the world, the time of the year, the general climate in your geographical area, the cultural community surrounding the military installation and many other variables, some foods simply may not be available. So no matter how much you want to include a particular item, it may be impossible for one reason or another.

Food may or may not be purchased on the installation. Wherever you buy the food, it is wise to *periodically check several food companies or stores* throughout the area for the best quality of food at the most reasonable prices. Be sure the store measures up to high sanitary standards and that it can offer the variety in choice of foods that you want. One store may have the lowest food prices but may not carry the kinds of foods you know are necessary for a sound nutrition program. You also will want to investigate services such as delivery arrangements - if they are or are not available and under what terms and at what additional costs. Get to know the food products which are available in your locale. Know the local food market and supply chains.

Select Brand Names And Grades Of Food Carefully

Buy those you find most satisfactory. Remember, when other ingredients are equal, enriched and fortified foods are better than those which

have not been enriched and fortified. Notice government inspected meats, pasteurized milk products, the sealing on bread and cereal products, and the temperatures at which fresh and frozen foods are displayed and stored.

Carefully Calculate The Amount Of Food Needed

There are some good references listed at the end of this section to help you in this area of quantity food planning, purchasing and preparation. Know the type of food you are purchasing and the preparation, serving and storage characteristics of it. For example, if you have limited freezer space, plan and purchase accordingly. Do not buy more frozen foods than your freezer can accommodate.

Keep An Accurate Record Of Each Food Purchased

Record its quality, where it was bought, and how often and when it eventually was used in the center's food service program. Note its cost and whether or not too much or too little was purchased to meet your needs at the time. Staples such as flour are least expensive if bought in large quantities. Many things, particularly canned products, can be purchased in institutional-sized cans rather than smaller, grocery-shelf-size cans. Some items can be "stretched" if they are very expensive or hard to get. Fresh fruits and vegetables cost less when in season, so *take full advantage of the growing season in your area* by planning your menus to include lots of fresh produce during these peak growing months. Fresh produce also begins to lose vitamin content as soon as harvested, so find a market that can supply the most prompt "field-to-table" delivery time. During the "off" season, dehydrated or dried foods are a good alternative.

For additional information about controlling costs, keeping records, setting fees for meals, and preventing waste, see the module, *Financial Planning For Military Child Care Centers*.

Be Aware Of Federal Child Care Food Programs For Children

Many military child care centers in the United States are eligible for assistance with their food service program from the United States Department of Agriculture (U.S.D.A). The Child Care Food Program for Children, sponsored by the U.S.D.A., provides cash, surplus food commodities, and equipment funds to any eligible center for the operation of a food program. To apply for participation in the Child Care Food Program, a series of forms and applications must be completed. If approved, a statement must be signed that the center agrees to abide by the rules and regulations for the basic operation of a food service program. According to the regulations, centers must agree to prepare meals which meet specified requirements established by the U.S.D.A. These have been generally referred to as Type A meal standards - or the sole allowable meal pattern - and provide for necessary minimal nutritional intake. Under the rules, centers also must guarantee children the right to receive a free or reduced price meal without discrimination, if they are eligible. Directors of military centers should check with the higher headquarters of their service branch for further information. Detailed information about eligibility and the Child Care Food Program also can be obtained from regional or national U.S.D.A. offices.

Get The Most Nutrition For Your Money

Some people will suggest that it is not possible to provide good, healthy food on a tight budget. They claim, for instance, that whole wheat bread without preservatives costs too much more than the all-white, refined flour bread packed full of additives. They may claim that imitation orange juice is far less costly than the "real" frozen concentrate with no sugar added. Some foods seem expensive when compared by the cost per pound, per slice, per serving or per glassful. But the fact of the matter is that when judged in terms of the nutrients they supply and the satisfaction they bring to a hungry child, they actually may be more economical. A cheaper food may be more expensive in the long run because it contributes very little if anything to the nutritional needs of growing children. Children need foods with "lasting power." Milk products give a much better return for the money spent than sweetened, fruit-flavored drinks. Children are able to eat far less granola than puffed or flaked cereal which may be full of [illegible], sugar, coloring and flavoring. Furthermore, aside from the nutritional factors involved, many people are discovering that some imitations, because of the additives they contain, are indeed costing more per actual serving than the "real" thing.

So be a careful buyer. Read the labels and find out what all those words under "ingredients" actually mean. When the label says "grape drink" realize you are not getting pure grape juice. You may not be getting any grape juice at all. If the peanut butter says "old fashioned" check the ingredients label to be sure the only thing in that peanut butter are peanuts and perhaps salt - no homogenized product with sugar added truthfully can be called 100 percent pure, old fashioned peanut butter. Understand that when ingredients are combined in a product, the item that makes up the largest percentage is listed first and so on down the line, to the item at the end, which represents the lowest percentage item. In other words, be aware of the can of corn that lists "water" as the first ingredient instead of "corn." Buy salt which is iodized. Add extra protein to meals - adding non-instant powdered milk or wheat germ to recipes. Provide additional bulk or roughage by using bran in quickbreads such as pancakes or muffins. Evaluate the maximum return in nutrition from serving the absolute minimum of carbohydrate or sugar-starch foods. In the end you will be surprised at the amount of nutritious food that can be purchased per dollar.

PREPARING FOOD

If possible, plan the location of the kitchen so that it is in full view of the children. A busy, happy and smiling cook tells the children that the cook enjoys being there. The cook doesn't have to be a chef, but he or she needs to know about or be trained in simple food preparation, basic rules of nutrition and perhaps purchasing. Realize that cooking for a group

ranging in age from infancy to 12 years is no small task. If meals and snacks must be brought from home there still will need to be someone responsible for the minimum of "K.P." duty that will need to occur - warming baby formulas, cleaning bottles, refrigerating sack lunches, setting out dishes and/or utensils, clean-up and laundering - to name a few.

Recognizing The Importance Of The Cook

Since cooks are very valuable members of the center's staff, they should at least be invited - if not required - to attend all staff meetings. The cook's knowledge about food can help enrich the overall child care program. The cook may be able to suggest food-related activities for caregivers to use with children. Any problems that the rest of the staff may have which concern food service can be aired at this time, too, when the cook is present for discussion.

The same rules that apply to dentists, nurses and health professionals regarding cleanliness also should apply to the cook. The cook's overall appearance should be an example for all to see. Dress or uniform, including apron, should be fresh each day. All laundry items used in the kitchen must be washed and dried daily. Hands must be washed frequently. Hairnets are a must unless regulations specifically state "hairnets are not necessary." The cook and all persons who are a part of the food service or food handling process should have a health card, sometimes called a "food handler's permit." This permit is renewed each year and would be required of volunteer workers as well as paid employees at the center.

It goes without saying that the strictest rules of sanitation must be followed at all times. The cook must keep the kitchen very clean and manage it as efficiently as any business. Garbage and waste disposal units should be covered and cleaned daily. Counters and appliances should be sparkling clean, ventilation fans in proper condition and all soiled laundry items washed, folded and put away in their appropriate compartments. Foods, especially fresh fruits and vegetables, should be washed thoroughly prior to preparation. Safety latches on appliances like the range and the dishwasher are important when children are allowed to help in the kitchen. Knives should be in good, sharp condition and used by competent adults or older children with *constant*, proper adult instruction and supervision.

If the cook is in charge of planning and purchasing as well as preparation, he or she must keep track of expenses, maintain records, make reasonable requests for updating or replacing equipment and go through the proper authorities and use established forms or procedures for any "business" that takes place which involves the kitchen. If a dietitian or some other official on your installation is available for consultation in regard to food planning, purchase and/or preparation, be sure to seek their assistance. They can be most helpful if they have had specific experience with, or knowledge about, children's eating habits and their nutritional needs.

Though the director may be fortunate to be able to hire a cook, there are no guarantees that the person hired for the position will have

even the barest minimum knowledge or information that is needed in order to perform well in this new job. So you may be faced with the task of having to train a new cook. In so doing, keep all the issues discussed here in mind. Be sure to pass them on to your new employee, having available additional resource persons or consultants and reference materials such as those listed at the end of this section. How well the cook carries through with the assigned duties of that position will have a lot to do with the success of your food service program.

Cooking With Children In Mind

In the actual preparation of foods keep in mind that children's taste buds are much more active and sensitive than yours. This means that foods should not be as heavily seasoned. Usually sugar and salt are the only seasonings used for children. Put in one-half the amount of salt as you would for adults and add a sweetening only when extremely sharp, acid flavors need to be toned-down a bit. Otherwise, children enjoy foods when the natural flavors are present and so should be encouraged to eat foods as nature intended.

Foods that can be prepared as finger-foods and bite-sized pieces are enjoyed by children. These foods encourage children's attempt at self-feeding and also add variety. Mild-flavored vegetables like green peas or beans should be cooked in small amounts of water. Cook vegetables in covered pans. Beets are best if cooked with their skins and tops left on. Cut vegetables in three-quarter inch cubes, being careful not to overcook any food. Remove all tough, coarse fibers from raw vegetables. When raw vegetable sticks or pieces are prepared, place them on ice or in ice water. Strong-flavored vegetables like cabbage or cauliflower may be more acceptable to children if cooked in milk, a pressure cooker or a cheddar cheese sauce.

When fixing fruits remove the pits or stones. Skins and fibers should be well-softened. The more ripe the fruit, the better its quality and nutrition. Cut fruit into spoon-sized pieces. For those that are cooked or baked, like apples, use low temperatures and a minimum length of time. Bread and cereal products should be textured but not so much as to be objectionable or hard on the mouth or throat. Toast should be dried thoroughly in the toasting process. Fresh meats should be cooked but not overdone. They should be tender with no gristle. Bones should be removed from foods like fish. The more difficult-to-chew meats are best if cut into fine strips or tiny bite-sized pieces. Children should not be given large pieces of these meats to eat because they are not able to chew them adequately and choking is always a real possibility. Soft foods like custards should be of medium consistency. Mashed potatoes should be fluffy, not dry or gummy. Realize, too, that children do not like foods mixed together. If peas and carrots are mixed in preparation, children frequently will be seen separating the two before eating them. For this reason, casseroles and other combinations enjoyed by many adults are not particularly appropriate for very young children.

Assuring The Safety Of Food From Home

If families are permitted to send meals from home, there are tips you should give them to be sure the food is safe as well as satisfying. First the food should be cooked or prepared properly. If it is to be kept hot, keep it hot. If it's meant to be cold, keep it cool. Bacteria thrives between 45°F and 114°F. Hands, utensils and countertops should be clean. Vacuum bottles should be washed well and rinsed in boiling water after each use. Fingers should not be used to place or spread meat, poultry or cheese in a sandwich. Fingers spread bacteria.

Bagged meals containing foods which require cool temperatures should be refrigerated at the center. Inform parents that frozen sandwiches packed in a lunch will thaw in time for eating and also will help keep other foods in the lunch cool. Meats that have been canned, like tuna, and are used quickly are best in bagged meals. Dry meats and fully cooked meat products like ham slices also keep well. Frozen poultry products are good, too. Soups, stews and chili should be boiling hot when put in sterile vacuum bottles. Fruits and vegetables should be clean and well scrubbed. All items should be wrapped carefully in foil, plastic wrap or put in plastic containers with tight lids. Prepackaged foods like dried fruits are very safe and will keep their quality until eaten. If brown bags are used instead of lunchboxes, use them only once, then discard them. Boxes should be cleaned daily. Baby food can present special problems. Formulas need to be kept cool until ready for use, then properly warmed and served immediately. Bottles must be sterile. If parents bring commercially-prepared baby foods for their baby, only sealed - unopened - jars should be accepted. You can help the parents observe these various precautions and rules of thumb by occasionally reminding them of good food preparation and sanitation practices.

Using The Kitchen As A Learning Center

If the kitchen facilities can accommodate children safely, and if permitted by regulation, occasionally they can be allowed to help prepare foods and even serve and clean-up. Very young children often are eager to help with any task that includes food preparation, serving and/or clean-up. It gets them involved and further stimulates their interests in food and nutrition. Of course, the cook must be willing to share her kitchen and give special time and energy that would be required of her when children are included in the first-hand experience of fixing meals and snacks. While it will take longer to prepare the meals, and most likely demand more patience and added time for the service and clean-up, these opportunities can be worthwhile experiences for children and adults alike.

When children are included in food-related activities they learn a variety of scientific concepts like "boiling," "cooking," and "evaporation." Their language skills develop as they identify and name different foods. They learn about good hygiene habits such as washing their hands, how to handle utensils and cleaning up after themselves. Preparation also should center around special occasions like birthdays, holidays or picnics. Children learn about various professions - the cook, a farmer or gardener and grocery clerks. They learn how to share responsibilities and help one another in serving food, setting the table and cleaning-up.

The kitchen and activities which take place in it are interesting to young children, so food preparation activities should be included whenever possible. Children learn best by doing - touching, tasting, feeling, seeing, smelling, cutting, mixing, cooking, serving and growing food. These experiences will take the cooperation of caregivers, cooks and parents. Specialists may be consulted as needed, particularly as a source of teaching aids and resource materials. Even the absence of on-site food preparation facilities or regulations prohibiting children from entering the kitchen should not prevent children from experiencing food-related activities. Portable electric appliances of all kinds can be brought into the child care center to enrich the overall program.

MANAGING MEAL AND SNACK TIME

Deciding On The Style Of Food Service

One of the first decisions that must be made when feeding children is what *style* of food service will be followed by the child care center. Many recommend *family style* service. When seated in small groups of five to six children around a table with one adult, this style gives the children a chance to learn to serve themselves. The table is set with the food in the center and, as in any family setting, the various foods can be passed around or served one at a time by the caregiver at the table. Children tend to eat according to their appetite when family style service is adopted. They also can choose the things they want and how much of each, thus there is less food waste. This style offers warmth and informality which encourages mealtime conversations with each other as well as the adult seated with them. Be sure only one adult is at each table. Two or more will tend to encourage discussions among adults rather than conversations with children. Family style may require more space and extra serving dishes that otherwise would be unnecessary.

For this reason, *cafeteria style* may be more efficient. It takes less time to get the tables ready for snacks and meals and extra serving bowls can be eliminated. You also can serve more children in a given space when cafeteria style is observed. However, realize that cafeteria style will result in greater food waste because the food is put on the plates for the children and brought to the tables. This service also does not lend itself to the more quiet, less hurried atmosphere of family style eating.

A third style which provides older children with an opportunity to take care of their own needs is *buffet style*. Although children may require some adult assistance in serving themselves, buffet style helps children learn about quantities. Self serving also helps develop self-esteem, but there may be much waste in this style service if caregivers do not offer guidance and suggestions. Remember, children's "eyes may be bigger than their tummies." In addition, children may be tempted to take a "lot" of the food they like and none of the not-so-favorite food.

Keep in mind that children also enjoy eating outdoors - *picnic style*. If bagged meals are to be taken on the picnic, children may decorate their own bags and help fill the bags. You may want to begin outside eating opportunities with snacks. Once the children are used to having snacks outside, then have an entire meal outdoors from time to time.

Although you probably will select one style of food service to use most of the time, consider varying it occasionally to provide different learning opportunities for the children. Regardless of which style works best at your center, the eating area - whether it be in the rooms or in one separate room used only at mealtime - should be inviting. It should be bright and cheery, well-ventilated, clean and free of noises not associated with serving and eating food. There should be adult supervision throughout snack and mealtime. If family style is used with an adult at each table, roving adults who move freely about the tables are very helpful. They clean up spills, can handle requests and other duties so the caregiver seated at the tables with the children can remain there.

Making Mealtime Enjoyable

Besides deciding what style of service will be most appropriate and where the children will eat, there are many other things to keep in mind to make food service and eating more enjoyable for all concerned. Keep serving sizes small. Children are smaller than adults so their stomachs cannot hold as much. Have enough food available for seconds. It is far better for children to be able to ask for seconds than to be overwhelmed by too large a helping and feel discouraged when they cannot finish it. Avoid withholding food as punishment or insisting upon "clean plates."

Have children sit at child-sized tables and chairs and eat with child-sized plates, cups and utensils. Dishes should be heavy enough to stay in place with rims to hold food on the plate. Glasses should be small enough so a child's hand can fit around it with a firm base to prevent easy tipping. Sometimes non-breakable dishes and washable floor coverings can make for less tension and upset.

Finger foods and bite-sized pieces are helpful. Difficult to eat foods can be served in ways to reduce frustration for all, too. Serve soup in a cup rather than a bowl and encourage eating green peas with a spoon. Some centers do not allow any eating utensils other than a spoon on the table. Not only are spoons easier for children to handle, but forks and knives sometimes are considered dangerous for children to use. This will be a matter you will need to resolve at your own center.

Since it is good to have variety in temperatures, some understanding of the temperatures required for "holding" various foods is important in order to keep foods from spoiling or picking up undesirable bacteria prior to eating. Cold foods should be held ready for serving at 40°F and hot foods held at 140-145°F. However, avoid actually having children eat food which is either *too* hot or *too* cold. Children cannot handle these extremes safely.

Know your installation's health and sanitation regulations. These regulations must be enforced rigidly if diseases are to be prevented. All people involved in feeding the children must meet the necessary health requirements. Dishes and utensils must be handled properly and adult fingers and hands kept clean and out of the food when serving it.

Be mindful of food allergies. Follow medical advice if given for specific children. Keep a master schedule on the wall that lists baby formulas, numbers and ages of children, times to be fed and parents' instructions.

Insist upon properly sealed and labeled baby food jars. Pre-opened jars can be unsanitary and pose health problems. Bottles should be cleaned and sterilized. Young infants should be given formulas, baby cereals and only *strained* fruits, vegetables and meats. Infants who are too young to sit in a high chair should be held for feeding and bottles must never be "propped." Infants 6 to 12 months old can handle a variety of textures in strained foods, soft food sticks and dried bread or toast. Once their teeth come in they can chew mashed fruits and vegetables. In any case food borne diseases and feeding accidents are preventable so it is better to be safe than sorry.

Know what children really like. Not only do they *not* like things which are too hot or too cold, but their taste buds are very sensitive. Serve mildly seasoned foods that have a variety of colors, shapes, sizes, tastes, textures and temperatures. Fruit combinations are popular, especially mild and sweet ones mixed with the more tart ones, like serving pineapple tidbits with fresh orange slices. Mixtures of vegetables and other foods in general usually are not enjoyed by children, so serve lima beans and ham pieces separately. The combination of two disliked items particularly is objectionable to anyone - especially children. Serve one favorite food with a tiny portion of a less popular one. Serve a mild flavored food with an occasional stronger flavored one. In any event *no forced feeding please!* This practice only leads to all kinds of physical and emotional problems and eating should be fun, unhurried and relaxed.

In fact, it is easy to make eating fun and special for children. A cherry on top of the pudding or raw vegetables in the shape of flowers, animals or cars are appreciated by children. They look forward to such treats. Have special menus to celebrate holidays and birthdays.

Do not serve the same foods on consecutive days and avoid delays in the serving process. Delays not only affect food quality, but cause children to become upset and uneasy.

Consider the ethnic backgrounds of all the children and pay attention to cultural *do's* and *don't's*. Recognize that children go on food *sprees* or *jags* just like adults so they should be allowed their preferences. Infants and toddlers should be offered water to drink at frequent intervals and water should be readily accessible for older children.

Infants may be able to eat happily in the company of two or three others as long as there are enough adults for all and the atmosphere lends itself to peaceful mealtimes with no distractions. Individualized methods of feeding often will be needed not only with infants but perhaps with some handicapped children or even a child who is upset or tense for one reason or another. Such flexibility should be built into the program.

The caregivers involved in the serving and feeding of children must be willing to accept a certain amount of messiness. They must set good examples, not only in their eating habits and manners at the table, but in their conversation about food. They should emphasize liking food over disliking it. They should introduce new foods one at a time and encourage the tasting of that food by tasting it themselves. Overall, caregivers can provide a pleasant physical and emotional climate. Most adults feel good when they have fed children well and have helped them get the most enjoyment from the eating experiences.

CLEANING-UP

The task of cleaning-up after food preparation and feeding can be simplified if a schedule is kept in the kitchen. The schedule can include daily reminders such as "dispose of garbage" and "launder towels." Equally important is a schedule to remind you of chores which are not done on a daily basis such as "defrost freezer" and "clean oven." On these less frequent chores a checklist which records the date when the task was last done is helpful. A system then can be established whereby these tasks are done regularly on a rotating basis and in accordance with health and sanitation regulations. For instance, the first and third week of every month the inside of the refrigerator is cleaned; the last week of every month the oven is cleaned.

Besides clean-up schedules and checklists, you need to know some basic rules of sanitation as well as various ways things can be done to make clean-up more enjoyable, efficient and safe. Dispose of all foods which actually have been served to the children but not eaten. Since it is not safe to reserve such foods, you can see that careful and close planning is essential to keep waste to a minimum and yet have enough food for all children each day. This is difficult particularly in those centers where *drop-in* care is provided. This is not to say you cannot save leftovers. Many foods when not cooked can be held over by refrigerating them in tightly covered, non-contaminating containers. For instance, if a bag of frozen peas is only to be partially used, the remainder can be sealed tightly and put back in the freezer immediately. Canned fruits not served can be stored safely in the refrigerator, but like all leftovers stored in the refrigerator, they should be used within 24 hours or else discarded. Generally, foods which require cooking during preparation whether served or not, are not held over. Such items are on a high risk list. Unused portions of chilled foods like milk and other dairy products should be kept chilled until they are either served or they reach their expiration date as printed on the package or container.

Clean up any spilled foods immediately. Liquids spilled on floors not only look messy but can be potential hazards for walking. Likewise, clean up any broken items right away. Bits of dry foods are tracked easily all over the center and, if left on the floor, attract insects and rodents. Have garbage and trash units close at hand for prompt clean-up. Keep them covered and cleaned thoroughly each day. If children are not included in any of the clean-up procedures, keep them and all unauthorized persons out of the storage and preparation areas. All towels, cloths and other washable cleaning items should be put into a laundry hamper for washing and drying immediately after clean-up is completed.

Table tops, floors, walls, counters and all other surfaces used in the food service program must be cleaned thoroughly each day. Use sanitizing solutions when required. In this regard, consider the advantages and disadvantages of various kinds of floor, wall and table coverings. For instance, hard surface floors are easier to keep clean, while carpeted ones reduce breakage and are more quiet. Dishes, if hand washed, must be washed and rinsed in appropriate sanitizing solutions and in water at proper temperatures. When an automatic dishwasher is used, it must meet health and safety regulations and be in good working order. Any chipped or cracked utensils and dishes found on the tables or in the kitchen should be thrown away. If adequate cleaning and sanitizing equipment is not available, use disposable eating and drinking utensils.

There should be plenty of staff available to help clean-up the children. Hands and face washing are important after meals as well as before. All caregivers should understand their specific clean-up duties. When possible include children in this process. They enjoy helping to clean-up as much as they do preparing or eating the food. They can throw away napkins, push chairs under the table or gather cups. Everyone needs to learn that cleaning-up is a part of the whole process. Young children accept such responsibilities willingly and enthusiastically. Remember, too, that when children are allowed to help, the adults need to organize and supervise the activities closely. When everyone involved understands what needs to be done and by whom, then clean-up can be fun, quick and safe.

READING MORE ABOUT IT

The following suggested readings are those which we have used ourselves and which we have found to be the most useful on this topic. If you want to include other resources on your bookshelf, these would be good additions:

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